



6600 Kalaniana'ole Hwy., Ste 200, Honolulu, HI 96825 | 1132 Bishop St., Ste 1900, Honolulu, HI 96813
Phone: 808-394-8878 | Fax: 808-394-6592

Request for Duplicate Form W-2 and/or Pay Stub

COMPLETE, SIGN AND RETURN THIS FORM TO PROSERVICE

Requests will not be processed without a completed form.
Please expect a turnaround time of 2-3 business days.

COMPANY NAME:

Employee Name:

Social Security Number:

Your Current/New Mailing Address

Street Address:

City:

State:

Zip Code:

I am requesting replacement of:

My form W-2 for the following year (s): _____

Pay stubs for the following pay date(s): _____

Duplicate is requested for the following reason:

Never received due to incorrect address on file

Misplaced or Destroyed

Other (Explain) _____

I would like to receive my duplicate Form W-2 and/or Pay Stubs by:

Mail to address above Mail to alternate address below Pick up at ProService office indicated below

Alternate Address:

Attention to:

City:

State:

Zip Code:

For pick-up, select ProService Office:

Hawaii Kai, Oahu Downtown, Oahu Kahului, Maui Kailua-Kona, Hawaii Lihue, Kauai

Phone number to contact when ready for pick-up: (_____) _____

Employee Signature:

Date: