W-2 Form Reissue Request

ALL INFORMATION MUST BE COMPLETED LEGIBLY BEFORE A W-2 CAN BE REISSUED.

Employee Name:								
	print name on so	ocial security card						
Social Security #:	Lawson ID:							
W-2 is being requested for the y		2004	2005	2006	2007 Accepting 2010	2008 O Reissue F	2009 Requests Sta	2010 arting 3/1/11
	pelow address to proce		•	Il future c	orrespondence	S.		
Street:								
Apt No., Lot No., etc	::							
City:								
State:					Zip:			
County:								
Home Phone #:	()				Daytime: <u>(</u>)		
Cell Phone #	()							
Email Address								
I, the undersigned, authorize Ci	nemark, USA, Inc. to	o mail the W-2 requ	uested to th	e above a	ddress.			
	Emį	ployee Signature						
Legal action may be taken again Company policy prohibits faxing Original or duplicate W-2 forms will Please allow 5 business days fo Payroll must receive the \$5.00 per f	or emailing W-2 For be mailed via US mail or processing.	orms for confidential. For overnight servi	ality purpose ce, provide a	es. Fed Ex or				
	Make checks page Mail to:	Cinemark U Attn: Payro 3900 Dallas	NMK Texas Properties, Inc. (for 2004 - 2009 W-2 reprints) emark USA, Inc. : Payroll Department 0 Dallas Pkwy, Suite 500 no, TX 75093					
	Fax:	972-665-10						
FOR PAYROLL DEPT. USE ONLY:								
Date request rec'd:				Original \	N-2 remailed:_			
Processed by:				Duplicate	· W-2 mailed:			