

TAX YEAR REQUESTED:				
-		Store/Dept you last worked in		
SOCIAL SECURITY NUMB	ER			
NAME:				
(LAST)		(FIRST)	(MI)	
MAILING ADDRESS:				
	(NUMBER)	(STREET)	(APT #)	
(CITY)	(ST.	ATE)	(ZIP CODE)	
HOME PHONI	E NUMBER:			
WORK PHON	E NUMBER:			
The FORM W-2 is requested	for the following reaso	n:		
	Misplaced or I	•		
	Address chang			
	Never Receive			
	Social Securit	-		
	Name Incorre	ct		
	Other (Explain	n)		
You will be notified All requests for co	l if we are unable opies of W-2's or o QuickChek Corpora	to accommodate yo change of address M	r request will be processed. our request for any reason. UST be made in writing! OPY OF MY W-2 FORM TO THE	
(SIGNATURE)			(DATE)	
I	Fax: (908) 534 – 7312	~ email: Payroll(	Jqchek.com	
		npleted form directly to:		
		Chek Corporation		
	I	P.O. Box 600		
		3 Old Hwy		

Whitehouse Station, NJ 08889 Attn: Payroll Department For Corporate Use Only Request Received: W2 Mailed Action Taken: W2 Not Found for year requested W2C Needed Date Processed: Processed by: Form revised 01/15/2014 by C. Reich