



Request for W2 or T4

Instructions:

Please complete this form and fax to 314-392-5977.

If you would like, print and email the form to bbennett@atsstl.com

S E C T I O N A	Please Print All Information in the boxes provided.			
	Last Name, First Name, Mid (Please Print Clearly)			Form Type (Check/Circle one) W2 <input type="checkbox"/> T4 <input type="checkbox"/>
	Current Address		Unit/Apt Number	Tax Year (ie: 2010)
	City	State/Province	Zip/Postal Code	Phone Number
	Last 4 Digits of Social Security/Social Insurance Number		ATS Station (3 Letter Code) If Known	
	Employee Signature			Date

Note: The reissued W2 or T4 will show the address on the original form.
Duplicate forms are mailed on Friday's starting February 11, 2011.

To protect your personal information all W2 or T4 forms will be mailed to the address provided above.

No responses will be mailed without a signature.