

REPLACEMENT TAX FORM REQUEST



Please fill in all of the blanks below completely and clearly.

Verification Information:

Name: _____

SS#: _____

DOB: _____

Phone#: _____

Complete Mailing Address (Where you want your replacement tax form mailed):

Address: _____

City: _____ ST: _____ Zip: _____

Tax Form and Year you are requesting:

TAX FORM (Circle your Choices)	TAX YEAR REQUESTED	# of Copies (If more than one)
W-2		
1095-C		

By signing below, you affirm that you are the individual listed above and all information provided on this form is true and accurate to the best of your knowledge:

Authorized Signature

Date

In an attempt to recoup the cost of supplies and postage for replacement tax forms, Effective January 1, 2015 we charge a fee of \$2.00 per form via verifiable funds, ie. Cash, Money Order, or Cashier's Check. Personal Checks are not accepted as verifiable funds.

Please submit this request along with the correct fees to the appropriate address below. Please allow at least one week for processing if we have received your request via mail.

Submitting by Mail:

ATTN: Payroll Department
Lilly Enterprises, Inc.
P.O. Box 2920
Athens, TX 75751

Submitting in Person:

Lilly Enterprises, Inc.
1001 E. Tyler St.
Athens, TX 75751
(must have photo ID to pick up)