

Request for Copy of W2 Form(s)

Date: _____

Name on W2: _____

Social Security Number: (all digits required) _____

Year or Years Requested: _____

Current Mailing Address: _____

Method of Payment: \$5.00 per each year requested

Badge

Check *Payable to: Jefferson Regional Medical Center*

Cash *Pay the Hospital Cashier and attach the receipt to the form.*
5212.8100

****If no longer employed, please mail this form and payment to:

Jefferson Regional Medical Center
Attn: Payroll
1600 West 40th Avenue
Pine Bluff, AR 71603

W2 copies are free during the year of issue.

If you have questions, contact the Payroll Department at (870) 541-7380. Telephone request for copies of W2 forms are not accepted.