

ACES\$ Personal Support Worker

W-2 Replacement Policy and Request Form

In the event you lose your W-2, or require a duplicate copy for another reason, you can request one. You may obtain a Standard Form from the Payroll Office or write directly to our office. The request must include your name, Social Security Number, the tax year(s) being requested, your mailing address, a daytime telephone number, your authorizing signature, **and your employer's name**. More than one tax year may be requested; however, only four prior tax years are available. There is a \$5.00 processing fee per tax year **per employer** requested.

If you are currently employed by a participant who utilizes **Avenues for Consumer Employer Services and \$upport** for payroll services, the following options exist for your convenience:

- Payroll deduction (currently employed and in a position that allows voluntary deductions)
- Cashier's check (no longer employed or unable to authorize voluntary payroll deductions from current position)
- Money order (no longer employed or unable to authorize voluntary payroll deductions from current position)

Cashier's check or money order must be made payable to ACES\$.

The processing fee for Payroll Deduction, will be deducted from your next check/direct deposit payment.

Please send requests to the following address:

Northeast PA CIL dba Avenues for Consumer Employer Services and \$upport
Attn: Controller
431 Wyoming Avenue
Lower Level IBEW
Scranton PA 18643

If you require assistance in requesting a duplicate W-2, please call (570) 344-7211 x 202.

REQUEST FOR ADDITIONAL W-2 STATEMENT COPY

Number of Copies being requested: _____

Year(s) being requested: _____

Social Security Number: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Name _____

Daytime Phone Number where you can be contacted: _____

Your Signature: _____

Current Avenues to Consumer Employer Services and Support (ACES\$)

If you are a current payroll employee, for your convenience, NEPA CIL will deduct \$5.00 for each copy requested from your next payroll check. *Please fax this form to: 570-558-5570, Attn: Payroll Department*

Not Currently Employers by ACES\$

If you are no longer employed by ACES\$, please include a money order or certified check made payable to ACES\$ in the amount of \$5.00 per each w-2 requested.

Mail this request and payment to:

NEPA CIL dba ACES\$
Attn: Controller
431 Wyoming Avenue
Lower Level IBEW
Scranton PA 18503

We cannot provide same day processing service for walk in requests. No phone requests will be accepted.