

Duplicate Form W-2 Request

Mail To: Cedar Fair Payroll Dept
One Cedar Point Drive
Sandusky, OH 44870

_____ Date of Request

Attn: Payroll Department

REQUEST FOR IRS FORM W-2 PLEASE PRINT

Please reissue a WAGE and TAX STATEMENT (Form W-2) for the following associate, for the tax year ending _____.

ASSOCIATE NAME: _____

SOCIAL SECURITY NO.: _____

ASSOCIATE CURRENT MAILING ADDRESS: _____

Street Address _____

City _____ State _____ Zip Code _____

WORK LOCATION: _____
(PARK NAME)

ASSOCIATE ID NO: _____

The FORM W-2 is requested for the following reason:

- Never Received
- Misplaced or Destroyed
- Social Security Number or Name Incorrect
- Other (Explain) _____

FOR PAYROLL DEPT. USE ONLY:

Date request rec'd: _____ Original W-2 remailed: _____

Processed by: _____ Duplicate W-2 remailed: _____