

Request for Duplicate or Corrected Tax Form

(P.F. Chang's China Bistro Employees/Former Employees Only)

SECTION I (ALL FIELDS REQUIRED)

PLEASE TYPE OR PRINT CLEARLY

1. Name (Last,First, MI)

2. Social Security or EMPL ID Number

3. Address

4. City, State, Zip Code

5. Personal Email

6. Phone (Please include area code)

SECTION II (Required)

7. Select Type of Form Needed

_____ W-2

8. Indicate Years Needed

_____ Year(s)

_____ Year(s)

_____ Year(s)

TO REQUEST DUPLICATE FORM, COMPLETE Section III, LINE 9, THEN SKIP TO Section V, Lines 11-12

SECTION III

9. A Duplicate form is requested for the following reason(s):

Never Received

Misplaced Form(s)

Forms Destroyed

TO REQUEST CORRECTED FORM, COMPLETE Section IV, Lines 10 - 12

SECTION IV

10. A Corrected form is requested for the following reason(s): (Please check all that apply)

Incorrect SSN (Enclose copy of your SS Card)

Incorrect or misspelled name (Enclose copy of your SS Card)

Incorrect amount- (Please include box number or line number and attach an explanation)

Other- (Please attach an explanation)

SECTION V

11. Send Form to Address Below

Email Form to Address Below

Fax Form to Number Below

Mailing Address

(Please Include Area Code)

() _____
Fax Number

Email

12. Signature w/ Notary (Required): _____ Date Requested: _____

Send Request To:

P.F. Chang's China Bistro
Mail Stop: W2 Inquiries
8377 E Hartford Dr, Ste 200
Scottsdale, AZ 85255



Notary Stamp

Contact Us:

Email: W2Inquiries@pfc.com

Notary Signature

My Commission Expires

Departmental Use Only:

Date Received: _____

Date Processed: _____