



Duplicate/Correction W-2 Request Form

Form 824 – Corporate and Field

Effective 9/2006

Revised 8/1/16

To obtain a duplicate or corrected W-2, please email or mail this completed form and supporting documentation to:

Simon
Attention: Payroll Department
225 West Washington Street
Indianapolis, IN 46204

Secure Email Address:
payroll@simon.com

Please allow 10 business days for processing. For questions, please email payroll@simon.com.

Date:	/	/
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EMPLOYEE INFORMATION			
(Incomplete and/or illegible forms will not be processed)			

Employee Full Name:			
Social Security #:		Simon Employee ID #:	
Mailing Address:			
City:		State:	
Zip Code:			
Phone Number:		Alt. Phone:	

W-2 REQUEST

Form W-2 Tax Year(s) Requested:	
Reason for the Request: (check appropriate box)	
<input type="checkbox"/> Reprint <input type="checkbox"/> Never Received <input type="checkbox"/> Misplaced/Lost <input type="checkbox"/> Destroyed	
<input type="checkbox"/> Name or Social Security Number Correction (copy of social security card required)	
<input type="checkbox"/> Other (explain):	

ACKNOWLEDGEMENT AND CONSENT

I authorize Simon to release a copy of my W-2 form to the mailing address indicated above.		
Employee Required Signature:	Printed Name:	Date:
		/ /

Payroll Department Use Only			
Date Request Received:		Date W-2 Reissued:	
Processed By:			