

REQUEST FOR W-2

Name: _____

Social Security Number: _____

Date of Birth: _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

Company worked for:

EJ JOS MJ SB SCC JC EJPPG

Supervisor's Name: _____

I hereby give my permission for my (list year) _____ W-2 to be sent via: (Select **Only** One. Otherwise we will select postal mail.)

Postal mail to the above address

Faxed to _____

E-mailed to _____

Signature

Date

Place the completed form in the mailbox at the SCC office or

Mail/fax/e-mail the form to:

Stan Clark Companies, Inc.

hr@eskimojoes.com

Attn: W-2 Request

P. O. Box 729

Stillwater, OK 74076

405-377-0825

Please note postal mail may take 1 – 2 weeks