



Email or mail completed forms to:
 ABM Industries, Inc.
 14141 Southwest Freeway Suite 425
 Sugar Land, TX 77478
Telephone: 1-855-226-3676
Email: abmw2@abm.com

W-2 Reissue Form

Employee Information

ALL Employee Information in this section is REQUIRED

Employee Name: _____ Employee ID: _____

During your employment with ABM, have you ever been employed with GCA Services Group, Inc.: (check box) Yes, I have worked for GCA Services Group, Inc No, I have never worked for GCA Service Group, Inc

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Social Security No.: _____ Date of Birth: _____

Will be used for verification purposes.

W-2 Information:

All individuals requesting a W-2 **must** include a copy of a government issued ID for verification purposes. **No W-2s will be reissued without proper photo ID.**

Please indicate the tax year you are requesting a W-2 form for:

I would like to receive my W-2 via (circle only one): **Email** (provided above) **Mail** (provided above)

Please circle reason for request:

Moved/Change of Address **Lost or Destroyed** **Nothing Changed, I didn't receive W-2 in the mail** **Other**

If "Other", Please Specify

Authorized Signature

By signing below, I certify all information I provided on this form is true and correct to the best of my knowledge.

 Employee Signature Date

For Payroll Dept. Use Only

Verified By: _____ Date Received: _____

W-2 Reissue Date: _____ Emailed Mailed