

W-2 Form Reissue Request

ALL INFORMATION MUST BE COMPLETED LEGIBLY BEFORE A W-2 CAN BE REISSUED.

Employee Name: _____
print name on social security card

Social Security #: _____ Lawson ID: _____

W-2 is being requested for the year of: 2002 2003 2004 2005 2006 2007 2008
(\$5.00 per form charge for 2002 - 2007 requests) **Accepting 2008 Reissue Requests After 3/1/09**

_____ Use the below address to process this W-2 Request only.

_____ Use the below address to process this W-2 Request and all future correspondences.

Street: _____

Apt No., Lot No., etc: _____

City: _____

State: _____ Zip: _____

County: _____

Home Phone #: () _____ Daytime: () _____

Cell Phone # () _____

Email Address _____

I, the undersigned, authorize Cinemark, USA, Inc. to mail the W-2 requested to the above address.

Employee Signature

Legal action may be taken against any person requesting this information whom is not the above signatory.

Company policy prohibits faxing or emailing W-2 Forms for confidentiality purposes.

Original or duplicate W-2 forms will be mailed via US mail.

Please allow 10 working days for processing.

Payroll must receive the \$5.00 per form fee prior to processing a 2002-2007 duplicate W-2 Form.

Make checks payable to: CNMK Texas Properties, Inc. (for 2002 - 2007 W-2 reprints)

Mail to: Cinemark USA, Inc.
Attn: Payroll Department
3900 Dallas Pkwy, Suite 500
Plano, TX 75093

Fax: 972-665-1007

FOR PAYROLL DEPT. USE ONLY:

Date request rec'd: _____

Original W-2 remailed: _____

Processed by: _____

Duplicate W-2 mailed: _____