

Address Change Form and W-2 Reprint Request

Submit complete forms to:

H-E-B Partner Pay

Attn: Transaction Services

3503 Fredericksburg Rd. Suite 150

Fax: (210) 938-4797

Email: Imaging.services@heb.com

Address Update - Proof of identification is required. Please print clearly and sign and date this form.

The address you have on file with your employer is used for the purpose of Payroll, Benefits, Savings and Retirement, W-2s and other important correspondence from the Company. It is your responsibility to keep your employer advised of changes to your home and mailing address.

Name: _____ **Phone:** _____

Employee ID (PeopleSoft 7-digit): _____ **or SSN:** _____

Former Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

W-2 Reprint - Proof of identification is required. If you like a reprint of your W-2 mailed to the address provide above, please specify Tax Year Forms requested below. W-2 reprint requests will be processed within 30 days.

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2023 Tax Year

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2024 Tax Year

Signature: _____ **Date:** _____

****Submitting incomplete or false information on this form will invalidate the request.**

Please place proof of identification below

Place ID here and copy

IMPORTANT! Address on ID must match *one of two* addresses provided above.