

Crew & Talent - Inquiries and Corrections

Please fill out this form, print, sign, and return to EP using one of the following methods:

• Email: paymentsupport@ep.com

• Fax: 818.688.0486

Please indicate type of inquiry:		Tax Year(s) of Inquiry:
Earnings Report Personal Use	Corporation Name/ID Correct	
Name/SSN Correction*	Reimbursement Policy Lette	r
Tax Form Copy (specify below)	Pension Letter (W2)	
Tax Form Correction W2/1099/W2c	Other	
•		ecurity Card and/or other supporting documentation
**For Corporation Name/Tax ID correction e.g., Dis	ssolution, Merger etc., please attac	ch Federal & State proof.
Employee Name:	Last Name:	
Phone:	Last 4 of SSN:	DOB:
Corporation Name (if applicable):	ate form for each.	Corporation Tax ID:
Tax Form Copy (specify form type): (e.g., W-2, 1099, 592b, Canadian, G2FP, etc.) Please provide additional information as ne	eeded:	
Delivery Options:		
Email:		
Mail:		
Employee Signature:		Date:

PLEASE NOTE: We do not accept computer electronic signatures (e.g., DocuSign, SignNow, eSign). We will accept a markup signature from your iPhone or Android