Order Form

Tax Forms

☐ **Check box if new address** Date _____

Account # _____ PO # _____ Placed by _____

Customer Name _____

Street _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

"Ship To" Location (if different from Billing Address)

Company Name _____

Attn/PO # _____

Street _____

Suite, Floor, Other _____

City _____ State _____ ZIP _____

Stock Forms, Envelopes and Software

Quantity	Form Number and Description

Imprinted Forms

Quantity	Form Number and Description

Special Instructions/Ship Via:

_____

_____

_____

_____

_____

_____

_____

_____

Imprint Information: Please type or print clearly

1. _____
2. _____
3. _____
4. _____
5. _____

Federal ID # _____

State ID # _____

State Abbr. (from W-2 box 15 only) _____

Phone _____

Calendar Year (if required) _____

TaxForm Wizard
The right form everytime

Fax completed form to **(484) 368-3938** or scan and email the form: **taxforms@magagna.com**

When ordering, specify the number of employees/forms needed.