

DUPLICATE WAGE AND TAX STATEMENT REQUEST

STD. 436 (Rev. 09-06)

MAIL TO: STATE CONTROLLER'S OFFICE PERSONNEL/PAYROLL SERVICES DIVISION ATTN: W2 UNIT P.O. BOX 942850 SACRAMENTO, CA 94250-5878	SCO USE ONLY	
	DATE RECEIVED	DATE MAILED
	INITIALS	

SECTION A — PLEASE TYPE OR PRINT

SOCIAL SECURITY NUMBER	LAST NAME	FIRST INITIAL	MIDDLE INITIAL
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TAX YEAR(S) REQUESTED

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SECTION B — COMPLETE ONLY IF YOU WOULD LIKE YOUR W2 TO BE MAILED

EMPLOYEE NAME OR AGENCY/CAMPUS NAME	SEND TO HUMAN RESOURCES ATTENTION	
NUMBER AND STREET	DAYTIME TELEPHONE NUMBER	
CITY	STATE	ZIPCODE

SECTION C — COMPLETE ONLY IF YOU WOULD LIKE TO PICK UP YOUR W2

NOTE: SCO WILL CONTACT YOU WHEN W2 IS READY FOR PICKUP. A PICTURE ID IS REQUIRED TO RELEASE W2.

CONTACT	DAYTIME TELEPHONE NUMBER
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SECTION D — METHOD OF PAYMENT (must be completed)

(Check one below) Include \$8.50 processing fee for each tax year requested. **NO PERSONAL CHECKS ACCEPTED.**

- Payroll Deduction \$_____. I authorize this deduction to be taken from my next pay warrant (must be currently
- Payment Enclosed \$_____. Cashier check/money order number _____ (must be

SECTION E — EMPLOYEE AUTHORIZING SIGNATURE (must be completed)

SIGNATURE	DATE SIGNED
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SECTION F — AGENCY/CAMPUS USE ONLY

AGENCY CODE	AGENCY/CAMPUS NAME
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- Departmental Billing \$_____. Authorized signature is required for Agency/Campus billing.
- Fee waiver: W2 was not received by employee. Agency has verified address to be correct from W2 mailing list.
Fee Waiver only available February 1st through March 1st.

AGENCY/CAMPUS AUTHORIZING SIGNATURE

PRINT NAME	TELEPHONE NUMBER
SIGNATURE	DATE SIGNED