

Mail To: Associated Students, SDSU  
Conrad Prebys Aztec Student Union, Ste 320  
5500 Campanile Dr  
San Diego, CA 92182-7800  
  
Fax To: 619-594-2175  
  
ATTN: **Payroll Department**

<i>For Payroll use ONLY</i>	
Date Received:	
Date Picked Up:	
Date Mailed:	
Processed by:	

## **DUPLICATE W-2 WAGE AND TAX STATEMENT REQUEST**

**TAX YEAR(S) REQUESTED:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**RED ID NUMBER OR LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

*(The address listed below will be used to update your personnel file if different from your current records)*

\_\_\_\_\_

*Street Number*

*Street Name*

*Apt #*

\_\_\_\_\_

*City*

*State*

*Zip Code*

**DAYTIME PHONE NUMBER:** (    ) \_\_\_\_\_

**PLEASE SELECT ONE OF THE OPTIONS LISTED BELOW TO RECEIVE A DUPLICATE OF YOUR W-2 STATEMENT(S):**

*Note: The processing time for all requests is one (1) business day.*

(    ) **I will pick up at the A.S. Business Services** (Conrad Prebys Aztec Student Union, Ste 320)

**Office Hours: M-F, 8:00AM – 4:30PM**

(    ) **Mail** *(Please include complete address if different from current mailing address)*

\_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_