

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 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:** (    ) \_\_\_\_\_

*Note: Your request will be processed and mailed to your current mailing address within one (1) business day. If you will like your W-2 mailed to a different address please provide the address below.*

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

\_\_\_\_\_

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

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