

FRESNO STATE

Auxiliary Services

Association Foundation Programs for Children ASI Ag Foundation

Request for Duplicate Form W-2 for Tax Year 2019

Please return this form to: Fresno State Auxiliary Services
Payroll Department, M/S: OF 33
2771 E. Shaw Ave.
Fresno, CA 93710
Fax (559) 278-0988

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the following employee:

Employee Name: _____ SSN: _____

Distribution of form: Pick up at Auxiliary Services Office
 Mail to:

Street Address

City

State

Zip

Reason for request: Never received in mail
 Lost/Misplaced/Destroyed
 Address changed

Signature of Employee: _____ Date: _____

Please note: If requesting that the form be mailed, please provide copy of picture identification such as driver's license or employee ID along with this request form. If picking up the duplicate Form W-2 in person, please be prepared to show picture identification.

Please allow five business days to process your request.

For Payroll Department Use Only:

Requested: _____ Completed: _____ Processed by: _____