

# FRESNO STATE

## Auxiliary Services

Ag Foundation    ASI    Association    Athletic Corporation    Foundation    Prog. For Children

### Request for Duplicate Form W-2

**Please Indicate Requested Tax Year(s):** \_\_\_\_\_

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  
Email: [HRAux@listserv.csufresno.edu](mailto:HRAux@listserv.csufresno.edu)

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: \_\_\_\_\_