

Auxiliary Services

☐ Ag Foundation ☐ A	SI Association	☐ Athletic Corporation	☐ Foundation	☐ Prog. For Children
Request for Duplicate Form W-2				
Please Indicate Requested Tax Year(s):				
Please return this form t	Payroll Dep 2771 E. Sha Fresno, CA Email: <u>auxi</u> l			a email)
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 Auxili☐ Mail to:	iary Services Office		
	Street Address			
	City	State	Zi	p
Reason for request:	□ Never received□ Lost/Misplaced□ Address change	/Destroyed		
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	: Pro	ocessed by:	