

## **Auxiliary Services**

☐ Ag Foundation ☐ A	SI Association Athletic Co	orporation	☐ Foundation	☐ Prog. For Children
Request for Duplicate Form W-2				
Please Indicate Requested Tax Year(s):				
Please return this form to:  Fresno State Auxiliary Service Payroll Department, M/S: OF 2771 E. Shaw Ave. Fresno, CA 93710 Fax: (559) 278-0988 Email: HRAux@listserv.csufre		: OF 33		
Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the following employee:				
Employee Name:	SSN	J:		
Distribution of form:	<ul><li>☐ Pick up at Auxiliary Services Office</li><li>☐ Mail to:</li></ul>			
	Street Address			
	City	State	Z	ip
Reason for request:	<ul><li>□ Never received in mail</li><li>□ Lost/Misplaced/Destroyed</li><li>□ Address changed</li></ul>			
Signature of Employee: Date:				
<b>Please note:</b> 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 U	Jse Only:			
Requested:	Completed:	Pro	ocessed by:	