

Mail To: Associated Students, SDSU  
Aztec Center # 168  
5500 Campanile Dr  
San Diego, CA 92182-7800

For Payroll use <b>ONLY</b>	
Date Received:	
Date Picked Up:	
Date Mailed:	
Processed by:	

ATTN: **Payroll Department**

## **DUPLICATE W-2 WAGE AND TAX STATEMENT REQUEST**

**TAX YEAR(S) REQUESTED:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**RED ID NUMBER OR  
SOCIAL SECURITY NUMBER:** \_\_\_\_\_

### **CURRENT MAILING ADDRESS:**

*(The address listed below will be used to update your personnel file if different from your current records)*

---

<i>Street Number</i>	<i>Street Name</i>	<i>Apt #</i>
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____

**DAYTIME PHONE NUMBER:** (    ) \_\_\_\_\_

### **PLEASE SELECT ONE OF THE OPTIONS LISTED BELOW TO RECEIVE A DUPLICATE OF YOUR W-2 STATEMENT(S):**

*Note: The processing time for all requests is one (1) business day.*

(    ) **I will pick up at the A.S. Business Office (Aztec Center lower level)**

**Office Hours: M-F 8:00AM – 4:30PM**

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

\_\_\_\_\_

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

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