

**DUPLICATE WAGE AND TAX STATEMENT REQUEST**

STD. 436 (REV. 9/2006c)

**MAIL TO:** STATE CONTROLLER'S OFFICE  
 PERSONNEL/PAYROLL SERVICES DIVISION  
**ATTN:** W2 UNIT  
 P.O. BOX 942850  
 SACRAMENTO, CA 94250-5878

**SCO USE ONLY**

DATE RECEIVED	DATE MAILED
INITIALS	

**SECTION A — PLEASE TYPE OR PRINT**

SOCIAL SECURITY NUMBER	LAST NAME	FIRST INITIAL	MIDDLE INITIAL
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**TAX YEAR(S) REQUESTED**

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**SECTION B — COMPLETE ONLY IF YOU WOULD LIKE YOUR W2 TO BE MAILED**

EMPLOYEE NAME OR AGENCY/CAMPUS NAME

SEND TO HUMAN RESOURCES ATTENTION

NUMBER AND STREET

DAYTIME TELEPHONE NUMBER

CITY

STATE

ZIPCODE

**SECTION C — COMPLETE ONLY IF YOU WOULD LIKE TO PICK UP YOUR W2****NOTE: SCO WILL CONTACT YOU WHEN W2 IS READY FOR PICKUP. A PICTURE ID IS REQUIRED TO RELEASE W2.**

CONTACT

DAYTIME TELEPHONE NUMBER

**SECTION D — METHOD OF PAYMENT (must be completed)**(Check one below) Include \$8.50 processing fee for each tax year requested. **NO PERSONAL CHECKS ACCEPTED.**

Payroll Deduction \$\_\_\_\_\_. I authorize this deduction to be taken from my next pay warrant (must be currently employed by the State).

Payment Enclosed \$\_\_\_\_\_. Cashier check/money order number \_\_\_\_\_ (must be Retired Annuitants, student assistants, separated).

**SECTION E — EMPLOYEE AUTHORIZING SIGNATURE (must be completed)**

SIGNATURE

DATE SIGNED

**SECTION F — AGENCY/CAMPUS USE ONLY**

AGENCY CODE

AGENCY/CAMPUS NAME

Departmental Billing \$\_\_\_\_\_. Authorized signature is required for Agency/Campus billing.

Fee waiver: W2 was not received by employee. Agency has verified address to be correct from W2 mailing list.  
**Fee Waiver only available February 1<sup>st</sup> through March 1<sup>st</sup>.**

**AGENCY/CAMPUS AUTHORIZING SIGNATURE**

PRINT NAME

TELEPHONE NUMBER

SIGNATURE

DATE SIGNED