STATE OF CALIFORNIA – STATE CONTROLLER'S OFFICE

DUPLICATE WAGE AND TAX STATEMENT REQUEST

STD. 436 (REV. 9/2006c)

MAIL TO: STATE CONTROLLER'S OFFICE				SCO USE ONLY		
	PERSONNEL/PAYROLL SERVICES DIVISION		/ISION	DATE RECEIVED DATE MAILED		
	ATTN: W2 UNIT					
	P.O. BOX 942850			INITIALS		
	SACRAMENTO, CA 94250-5	5878				
SECTION A — PLEASE TYPE OR PRINT						
SOCIAL SECUR			LAST NAME		FIRST INITIAL	MIDDLE INITIAL
000# 12 0200.			2.10.10.11			
	(0)					
TAX YEAR	(S) REQUESTED					
SECTION B — COMPLETE ONLY IF YOU WOULD LIKE YOUR W2 TO BE MAILED						
	ME OR AGENCY/CAMPUS NAME	100 110	OLD LINE	SEND TO HUMAN RESOU		
NUMBER AND	STREET			DAYTIME TELEPHONE NU	IMBER	
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 NU	IMBER	
SECTION	D — METHOD OF PAYME	NT (must	be comp	leted)		
		•	<u>-</u>	•	PERSONAL CHECKS AC	CCEPTED.
(Check on	e below) Include \$8.50 proces	sing fee for	each tax y	ear requested. NO P		
(Check one	e below) Include \$8.50 proces Deduction \$	sing fee for	each tax y	ear requested. NO P	PERSONAL CHECKS AC	
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