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State of California – Controller's Office

DUPLICATE WAGE AND TAX STATEMENT REQUEST

STD. 436 (Rev. 09-06)

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

TAX YEAR(S) REQUESTED

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 REQURED 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 1st through March 1st.

AGENCY/CAMPUS AUTHORIZING SIGNATURE

PRINT NAME	TELEPHONE NUMBER
SIGNATURE	DATE SIGNED