

DUPLICATE WAGE AND TAX STATEMENT

STD 436 (Rev. 2/2021)

MAIL TO: State Controller's Office
 Personnel/Payroll Services Division
ATTN: Duplicate W2
 P.O. Box 942850
 Sacramento, CA 94250-5878

SCO USE ONLY			
DATE RECEIVED STAMP	INITIALS	DATE MAILED	INITIALS
EMPLOYEE OR AUTHORIZED DESIGNEE SIGNATURE			

PLEASE PRINT OR TYPE

SECTION A - EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE INITIAL	LAST NAME	PHONE NUMBER
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SECTION B - TAX YEAR(S) REQUESTED (only four (4) prior tax years are available)

				SCO USE ONLY
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SECTION C - COMPLETE ONLY IF YOU WOULD LIKE YOUR W2 TO BE MAILED TO YOUR HOME ADDRESS

NUMBER AND STREET	CITY	STATE	ZIP CODE
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SECTION D - COMPLETE ONLY IF YOU WOULD LIKE YOUR W2 TO BE MAILED TO YOUR HUMAN RESOURCES OFFICE

SEND TO HUMAN RESOURCES ATTENTION:	DAYTIME PHONE NUMBER
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AGENCY/CAMPUS NAME

NUMBER AND STREET	CITY	STATE	ZIP CODE
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SECTION E - SELECT ONE METHOD OF PAYMENT(Check one below) Include \$8.50 processing fee for each tax year requested. **NO PERSONAL CHECKS OR CASH ACCEPTED.**

Payroll Deduction \$ _____ I authorize this deduction to be taken from my next pay warrant .
 Must be an active state employee. The following are not eligible for payroll deduction:
 Retired Annuitants, Student Assistants and those on Disability Leave must submit a
 cashier check or money order

Payment Enclosed \$ _____ Cashier check/
 money order number _____

SECTION F - EMPLOYEE AUTHORIZING SIGNATURE (Must be completed, original signature)

EMPLOYEE SIGNATURE	DATE SIGNED
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SECTION G - AGENCY/CAMPUS USE ONLY (Select one box only)

AGENCY CODE	AGENCY/CAMPUS NAME
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 Department Billing \$ _____**Only available February 1st through March 1st. SCO must receive HR approved waivers by March 5th to qualify.**

Fee Waiver
 Select One: Never received, agency verified address on view direct Damaged W2

AGENCY/CAMPUS AUTHORIZING SIGNATURE (Required for Department Billing or Fee Waiver)

AGENCY AUTHORITY SIGNATURE	DATE SIGNED
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PRINT/TYPE NAME	PHONE NUMBER
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EMAIL ADDRESS