

DUPLICATE WAGE AND TAX STATEMENT

STD 436 (Rev. 9/2016)

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

PLEASE PRINT OR TYPE

SCO USE ONLY					
DATE RECEIVED STAMP			INITIALS	DATE MAILED	INITIALS
DATE CALLED	LEFT MSG	SPOKE WITH	POH INITIALS	DATE PICKED UP	ASB INITIALS
EMPLOYEE OR AUTHORIZED DESIGNEE SIGNATURE					

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 TO PICK UP YOUR W2 AT STATE CONTROLLER'S OFFICE

NOTE: SCO will contact you when W2 is ready for pickup. A picture ID is required to release W2.

CONTACT	DAYTIME PHONE NUMBER
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SECTION E - 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 F - SELECT ONE METHOD OF PAYMENT(Check one below) Include \$8.50 processing fee for each tax year requested. **NO PERSONAL CHECKS OR CASH ACCEPTED.**

<input type="checkbox"/> Payroll Deduction \$	I authorize this deduction to be taken from my next pay warrant (must be currently employed by the State).
<input type="checkbox"/> Payment Enclosed \$	Cashier check/ money order number
	(Retired Annuitants, student assistants, separated, or Disability Leave)

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

EMPLOYEE SIGNATURE	DATE SIGNED
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SECTION H - 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 WaiverSelect 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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