

Foundation Use only      Requested:       Completed:       Processed by:

Foundation     Associated Students, Inc (ASI)     Loker Student Union    **For the tax year of**

**EMPLOYEE INFORMATION**

Please issue a duplicate copy of the Wage and Tax Statement (Form W-2) for the following employee:

Name

-  -

Social Security #

Employee I.D. (Please see payroll stub)

Phone Number

**DISTRIBUTION OF FORM**

Pick up at the Foundation Central Office     Mail

**REASON FOR REQUEST**

Never received in mail     Lost/Misplaced/Destroyed  
 Address changed

**SIGNATURE**

       
Employee      Date

Return form to: **CSUDH Foundation Payroll Department**  
1000 E. Victoria Street, SCC 202 Carson, CA 90747  
Fax (310) 532 - 2537

**(Please allow three to five business days to process your request)**