

W-2 Reprint Request

Please provide the below information (we need your last 4 digits of your SSN or Date of Birth for identification purposes):

Year(s) requested:	
Name	
TX State ID	A 0
Last 4 numbers of your SSN or Date of Birth	
Complete mailing address (Only if you are NOT PICKING UP IN PERSON)	

Please indicate how you would like to receive W-2:

_____ Pick up in person in JCK

_____ By Mail

Signature _____
(Not valid without signature)

Date _____

Payroll and Tax Compliance Office
J C Kellam Building, Suite 582
601 University Drive
San Marcos, TX 78666
Ph: (512) 245-2543
Fax: (512) 245-9292
payroll@txstate.edu