# 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):

<table>
<thead>
<tr>
<th><strong>Year(s) requested:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TX State ID</strong></td>
<td><strong>A 0</strong></td>
</tr>
<tr>
<td><strong>Last 4 numbers of your SSN or Date of Birth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Complete mailing address</strong> (Only if you are NOT PICKING UP IN PERSON)</td>
<td></td>
</tr>
</tbody>
</table>

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

- _____ Pick up in person in JCK
- _____ By Mail

Signature ___________________________ Date _______________

(Not valid without signature)

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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