

Toro Auxiliary Partners Use Only

Requested _____

Completed _____

Processed By _____

 Toro Auxiliary Partners
 Associated Students, Inc (ASI)
 Loker Student Union (LSU)

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

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Social Security Number

 Employee I.D. (Please see payroll stub)

 Phone Number
DISTRIBUTION OF FORM

-
- Pick up at the Toro Auxiliary Partners Central Office
-
-
- Mail

REASON FOR REQUEST

-
- Never received in mail
-
-
- Lost/Misplaced/Destroyed
-
-
- Address changed

SIGNATURE

 Employee

 Date

 Return form to:
 CSUDH Toro Auxiliary Partners
 1000 E. Victoria Street
 Leo F. Cain Library, Suite 3002
 Carson, CA 90747
(Please allow three to five business days to process your request)