



W-2 Wage and Tax Statement Reissue Request

Requests will be accepted beginning ten (10) business days after January 31.

FEES MAY APPLY

Please reissue for the tax year(s) ending*

NAME (Last, First MI):

SOCIAL SECURITY NUMBER: XXX-XX-

MAILING ADDRESS FOR THIS REISSUED FORM ONLY: (To make a permanent change to your home and/or mailing address, please submit the appropriate address change form to your home department.)

Street or PO Box:

City:

State:

Zip Code:

Home Phone #:

Work Phone #:

E-Mail Address:

Method of delivery for the reissued W-2 (check appropriate box):

- Send to Mailing Address above (available for out of area employees)
If the above address is different than the one in the payroll system, a copy of your photo ID is required to validate your identity.
- Secured email delivery (photo ID required)

I am a: current CSU employee former CSU employee

Signature of Employee (required for processing)

Date

Directions: This completed form can be mailed to the address below, faxed to (970) 491-2337, emailed to MyHR@colostate.edu or uploaded to the [MyHR OneDrive](#) folder.

*All W-2 reissue requests for a year other than the most recent year will require a \$5.00 replacement fee.