# **A logo with a wolf head  Description automatically generatedOffice of Financial Management**

# **2200 BONFORTE BLVD, PUEBLO CO 81001-4901**

# **719-549-2801 FAX 719-549-2883**

REQUEST FOR REPRINT OF W-2

Fax to: 719-549-2883

Email to: catherine.chavez@csupueblo.edu

W-2 Year(s) Click or tap here to enter text.

PID# or Net ID Click or tap here to enter text.Phone Number Click or tap here to enter text.

Last Name Click or tap here to enter text. First Name Click or tap here to enter text.

Birth Date Click or tap to enter a date.

LAST 4 DIGITS OF SSN# Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

(Please print) Click or tap here to enter text.

 Click or tap here to enter text.

Change current address in system to address listed above? [ ]  YES [ ]  NO

Delivery:

 [ ]  US mail – use address listed above

 [ ]  Pick up – will call when available

 [ ]  Email – for security purposes, SSN is masked (last four digits are shown)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click or tap to enter a date.

\*\*Please allow 2 business days for processing\*\*