

Request for Blackhawk Technical College Duplicate Tax Form(s) to be Mailed or Faxed

First Name:		_ Last Name:				
	you need a duplicate co 1, check the box next to '					r
□ W-2 - Wage	W-2 - Wage Statement (\$5.00/each)		Year(s):			
☐ 1098-T – Tui	tion Statement (\$15.00/e	each)	Year(s):			
Select Delivery Method	of Mail or Fax:					
1) Mail form(s)	City Sta Cou	eet: y: te: untry: Code (9 digit code				
2) Fax form(s)	to fax number: ()				
	ation above, I expressly a cial Records, or other reco			-	•	
Contact Phone Number Social Security Number	: (Required) () (Required) quired)					

Submit this form along with a copy of a government issued picture ID (e.g. driver's license or state ID card) via facsimile to 608.757.7740 or mail to Blackhawk Technical College, attn: Payroll Department, 6004 S County Road G, P.O. Box 5009, Janesville, WI 53547-5009.

Payment: Forms of acceptable payment are check and money order. If paying via check or money order, make payable to "Blackhawk Technical College" and mail to the address listed above. The fee must be paid prior to the statement(s) being released.

Disclaimer: Blackhawk Technical College will do its best to provide the requested tax form(s) however, in some cases the information may no longer be available or the information being requested was not required to be provided. In addition, Blackhawk Technical College reserves the right to not approve and provide tax information if any of the information contained on this form appears to be invalid, inaccurate, or illegible.