



NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
 A SERVICE FIRST ORGANIZATION
 1249 SOUTH VINNELL WAY, SUITE 108 BOISE, ID 83709
 PHONE: 877-471-2262 FAX: 208-947-3799

CASUAL HIRE -- DUPLICATE W-2 REQUEST FORM

Fax or mail requests for a duplicate W-2, corrections to personal information (SSN, Name, Address), or incorrect dollar amounts on the W-2 to the Casual Payment Center at the fax number or address listed above.

Check One: BIA BLM FWS NPS

Date: _____ Name: _____ SSN: _____

As of this date, I have not received/lost a copy of my W-2 for Casual earnings paid in year _____, please:

Mail a duplicate copy to the address listed below. This **WILL NOT** permanently change your address.
 *Send a W-2 To This Address But
 Do Not Change My Mailing Address: _____

Mail a duplicate copy to the address listed below. This **WILL** permanently change your mailing address.
 *Send a W-2 And Permanently
 Change My Mailing Address To: _____

**Please do not indicate a street address that does not receive delivery from the post office.
 If indicating a PO Box, ensure that your name is listed as a registered owner of the box.

CASUAL HIRE - W-2 CORRECTION REQUEST FORM

Not to be used for address corrections

The W-2 I received does not agree with the totals on my last Wage and Earnings Statement. (Copies enclosed.)
 Please research to determine the cause.

The Social Security Number (SSN) on my W-2 is incorrect. Please correct your records. (See below.)
 Correct SSN: _____ Bad SSN: _____

The name on the W-2 I received is incorrect. Please correct your records. (See below.)
 Correct Name: _____

Other
 Please Explain: _____

*Signature: _____ Phone number: _____

If you have any questions, please call the Casual Payment Center at 1-877-471-2262.

Information on this form is protected by the Privacy Act. Disclosure may be made only to authorized persons according to Title 5 USC Section 552a and for use described in System of Records Notice Interior/OS-85.