



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

STATE TAX CHANGE FORM

You currently have _____ State tax withholdings in our system. If you would like to remove or make a change due to a move, please indicate below. This form must be signed, then mailed or faxed to the Casual Payment Center.

Check the agency you work for: BIA BLM FWS NPS

Name	
SSN	
Telephone	() -

State Tax Removal – This section will update duplicate tax preferences only.

State: _____	State: _____
Check here if you would like this state tax removed: <input type="checkbox"/>	Check here if you would like this state tax removed: <input type="checkbox"/>

State Tax Change – This section will refund tax money paid to the State in error.

If money has been paid to the wrong state and you want it changed, please check the appropriate box below:

Please transfer paid taxes from _____ (old state) to _____ (new state).

I live in a state that has no taxes and should not have been taken from my check. Please pay the money to me. **(This will only be done if your current state does not require state taxes paid to them).**

Signature: _____ Date: _____

* If you would like to change your *state tax* or *withholding rate*, you will need to submit a state tax form or a W-4 with the word “state” indicated on the form. Until one of these forms is received, with the tax information filled out correctly, our system will default to SINGLE and ZERO.

Comments: _____

**If you have any questions, please call the Casual Payment Center at 877-471-2262.
 You may fax or mail completed forms back to our office.**

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 used described in System of Records Notice Interior/OS-85.