



INTERIOR WILDLAND FIRE

DOI Casual Payment Center | US Wildland Fire Service | A Service First Organization
3833 S Development Ave Boise, Id 83705-5354 | P: 877-471-2262 | F: 208-433-6405 | CasualPay@BLM.gov

DUPLICATE W-2 REQUEST FORM

Check one: BIA BLM FWS NPS

NAME: _____ SSN: _____

I **HAVE NOT** received/lost my original W-2 for casual earnings paid in year(s) _____.

**If no year is indicated, most previous year will be assumed.*

Please indicate mailing address:

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

This **WILL** permanently change my address.

**If address box is not marked, your address WILL NOT be permanently changed.*

If requesting W-2 be sent by fax, indicate fax number below (if no fax information indicated, the W-2 will be mailed to address above):

EMAIL ADDRESS: _____

Emails will be encrypted, password: **casualpay. Viewing on mobile device not recommended.*

FAX: _____

PHONE: _____

**By signing below you are authorizing the right to fax Privacy Act Information.*

SIGNATURE: _____ DATE: _____ PHONE: _____