

NATIONAL INTERAGENCY FIRE CENTER  
CASUAL PAYMENT CENTER  
3833 S DEVELOPMENT AVE, BOISE, ID 83705-5354  
PHONE: 877-471-2262 FAX: 208-433-6405  
EMAIL: CASUALPAY@BLM.GOV

## CORRECTED W-2 REQUEST FORM

Check one: ☐ BIA ☐ BLM ☐ FWS ☐ NPS

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I **HAVE** received my W-2 for casual earnings paid in year(s) \_\_\_\_\_, but the information indicated below is incorrect. Correct your records and mail a corrected W-2 (*You must retain your original W-2, both are required for filing.*)

- ☐ The W-2 I received does not agree with the totals on my last Wage and Earnings Statement. (*You must send a copy of your original W-2 with this form.*)
- ☐ The Social Security Number (SSN) on my W-2 is incorrect. Correct your records as indicated:  
CORRECT SSN (*exactly as printed on your social security card*): \_\_\_\_\_  
INCORRECT SSN (*exactly as printed on your original W-2*): \_\_\_\_\_
- ☐ The name on my W-2 is incorrect. Correct your records as indicated:  
CORRECT NAME (*exactly as printed on your social security card*): \_\_\_\_\_  
INCORRECT NAME (*exactly as printed on your original W-2*): \_\_\_\_\_
- ☐ Transfer my earned wages from \_\_\_\_\_ (*incorrect state*) to \_\_\_\_\_ (*correct state*)  
for wages earned between dates \_\_\_\_\_ and \_\_\_\_\_.  
☐ By checking here I am also requesting that my incorrect state be removed from your system. (*You must submit a state tax form for your correct state, if you have not already done so, in order to fix the state you are being taxed by.*)

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

### Mail my corrected W-2 to the following address:

EMAIL ADDRESS: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ This **WILL** permanently change my address.

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

*\*Corrected W-2 will be sent to the same mailing address the original W-2 was sent to unless otherwise indicated.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Privacy Act Statement: Information on this form is collected under the authority of the Administratively Determined (AD) Pay Plan. Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.

Revised 05/2025



For office use only:

Faxed to IBC: Date \_\_\_\_\_ Initials \_\_\_\_\_