

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

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):

FAX TO #: _____

PHONE #: _____

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

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 02/2022



For office use only:

Faxed to IBC: Date _____ Initials _____