

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

STATE TAX CORRECTION FORM

Check one: BIA BLM FWS NPS

NAME: _____ SSN: _____

For Modifying Current Year Wages and State Taxes

It is required that casuals be taxed out of their Hired At state (unless there is a reciprocal agreement in place). If while working as a casual you were being taxed by an additional (non-Hired At) state, you may request that these wages be transferred to the *correct* (Hired At) state.

If wages have been reported and taxes have been paid to an *incorrect state* and you would like your wages and taxes transferred to the *correct state*, please indicate the change below:

Transfer my earned wages and paid taxes from _____ (*incorrect state*) to _____ (*correct state*) for wages earned and taxes paid between dates _____ and _____.

By checking here I am also requesting that my *incorrect state* be removed from your system.

State taxes were taken for the *incorrect state* listed above and my *correct state* does not withhold state taxes. By checking here I am requesting the money be paid to me. (***This request can only be done if your correct state does not require state taxes to be paid to them.***)

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 01/2022



For office use only:

Faxed to IBC: Date _____ Initials _____