



USDA- FOREST SERVICE CASUAL HIRE -- DUPLICATE W-2 REQUEST FORM

Fax or mail requests for a duplicate W-2, corrections to personal information (SSN, Name, and Address), or incorrect dollar amounts on the W-2 to the following fax number or address:

USDA-Forest Service
Albuquerque Service Center, Casual Pay
101B Sun Ave
Albuquerque, NM 87109
Fax: 866- 816-9532; Tel: 877- 372-7248, opt 1; asc_ipc@fs.fed.us

- 1) Complete the areas that apply to you
- 2) Sign and enter your telephone number at the bottom before mailing or faxing

Date: _____ **Name:** _____ **SSN:** _____

As of this date, I have not received/lost a copy of my W-2 for Casual earnings paid in year _____, please:

Please fax duplicate W-2 to: _____

Mail a duplicate copy to the address listed below. **This WILL NOT permanently change your address.**

***Send a W-2 To This Address But**

Do Not Change My Mailing Address: _____

Mail a duplicate copy to the address listed below. **This WILL permanently change your mailing address.**

***Send a W-2 And Permanently**

Change My Mailing Address To: _____

**Please do not indicate a street address that does not receive delivery from the post office.

If indicating a PO Box, ensure that your name is listed as a registered owner of the box.

CASUAL HIRE – W-2 CORRECTION REQUEST FORM

Not to be used for address corrections

My withholding on the W-2 I received is for the incorrect state.

Correct State should be:		State on my W-2:	
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The W-2 I received does not agree with the totals on my last Wage and Earnings Statement. *(Copies enclosed.)*
Please research to determine the cause.

The Social Security Number (SSN) on my W-2 is incorrect. Please correct your records. *(See below.)*

Correct SSN: _____ **Bad SSN:** _____

The name on the W-2 I received is incorrect. Please correct your records. *(See below.)*

Correct Name:
Full Name
including Middle _____

Other
Please Explain: _____

***Signature:** _____ ***Phone number:** _____

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

For office use only:

Basic _____ Lead _____ Faxed to NBC: Y N Date _____ Initials _____

Revised 1/10