

**YOUTH CONSERVATION CORPS-YCC
Enrollee Information Sheet**

Mail Stop D-2663

Enrollee Starting Date _____

Circle Agency: FWS NPS Region: _____

From: _____ Telephone #: _____ Org Code: _____
(Area Contact)

YCC Enrollee Name: _____ SSN: _____

1. OFFICIAL CORRESPONDENCE ADDRESS:

Used to mail Wage and Tax Statement (W-2). Enter permanent home address.

Name: _____

Street Address/PO Box: _____

City/State/Zip: _____

2. NET PAY CHECK WILL BE MAILED TO EMPLOYING FACILITY (PARK/REFUGE OFFICE, SERVICE CENTER, REGIONAL OFFICE, ETC.) OR LOCAL ADDRESS AS FOLLOWS:

Employing Facility Name (if applicable): _____

Street Address/PO Box _____

City/State/Zip: _____

Virgin Islands and Puerto Rico ONLY: Designated Agent Code: _____

COMPLETE ITEM 3 AND THE CERTIFICATE ON THE FORM W-4 ONLY IF YOU WANT TAXES WITHHELD FROM YOUR PAY.

3. STATE & LOCAL RESIDENCE INFORMATION

To be used for authorization and calculation of state and local taxes.

City: _____ Circle Marital Status: Single Married

State: _____ Number of State Tax Exemptions: _____

County: _____ Signature: _____