## RELOCATION INCOME TAX ALLOWANCE CLAIM & TAX STATUS CERTIFICATION FOR CALENDAR YEAR

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided. Basic authority for requiring the requested information is contained in 5 USC
5701-5733, particularly sections 5724, 30 USC 905 and Executive Orders 9397 and 12466. Disclosure of the data by you is voluntary. The principal purpose
for collecting data is to determine the amount to reimburse an employee for Federal, State and Local taxes incurred in connection with the change of official
station. Information may be transferred to appropriate Federal, State and Local agencies when relevant to civil, criminal or regulatory investigation or
prosecutions. There is no personal liability to you if you do not furnish the requested information, however, we will not be able to reimburse you for your
expenses and we will collect any withholding tax allowance previously paid to you.

From:		Fax to Number			
1. Employee's Name (First, MI, Last)			2. Agency		
Employee Completes Items 3 - 10 and Faxes Completed Form, W-2(s) and Schedule SE to Fax Number listed above.					
3. Mailing Address (Include ZIP Code)			4. Office Telephone Number		
				5. Office Fax Number	
6. E-Mail Address					
7. Enter "Wages, Tips and Other Compensation" as shown on Form(s) W-2, and if applicable, net earnings (or loss) from Schedule SE (Self-Employment Income)					
	W-2(s)		Schedule SE	TOTAL	
a. Employee	\$		\$	\$	
b. Spouse	\$		\$	\$	
c. Total All	\$		\$	\$	
Attach a copy of all W-2(s) & Schedule SE ( <i>if applicable</i> ) to this form.  Do not include 1099 income in total above. Do not send 1099 copies.  It is not necessary to file your individual income tax return prior to filing for your RIT allowance.					
8. Filing Status on Form 1040 (Check One)			9. Enter Location of residence as of 12/31/		
a. Single			a. State		
b. Head of Household c. Married Filing Jointly *			b. County **		
d. Married, Filing Separately			c. City**		
e. Qualifying Widow(er) with Dependent Child			e. Foreign Country		
* Spouse must also sign below if he/she claimed income			** Include local tax brochure if you paid local income tax		
10. I certify this claim is true and correct to the best of my knowledge and reimbursement has not been made.					
a. Employee Signature and Date			b. Spouse Signature and Date (If Applicable)		
For Finance Use Only. Do Not Write Below					
1. Tax Rate, Year 1	2. Tax Rate, Year 2	3. \$	State Tax Rate	4. Local Tax Rate	
%	%		%	%	
5. Taxable Amount	6. WTA	7. /	ACT Number/Title Number		
\$	\$	10		ID.	
8. Order Number	9. Fund/Org Code	10.	Vendor Number/Employee	טו	