RELOCATION INCOME TAX (RIT) ALLOWANCE / STATUS CERTIFICATION FORM

I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and Local (specify which) tax authorities for the _____ tax year.

Gross Compensation as shown on attached IRS Form(s) W-2, 1099(s) showing *non-disability Military pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

	Forms W-2	Forms 1099*	Schedule SE
Employee	$_____	$_____	$_____
Spouse (if filing jointly)	$_____	$_____	$_____
		Total (All columns)	$_____

Filing Status: _____
(Specify the filing status item that was (or will be) claimed on IRS Form 1040, i.e. single, married filing joint, etc.).

Printed Name of Employee_____

STATE TAX RETURNS Since most non-deductible moving expense reimbursements will be taxed at the new location, the Federal Travel Regulations do not provide for a RIT allowance related to state taxes at the employee's old location.

However, in very limited circumstances, the employee may be subject to state taxes in two states at the new location. This would be true if the employee's state of residence at the new location and the state where the employee worked at the new location were different and both taxed the employee's RIT income – without either of these states allowing an adjustment or credit for this double taxation.

If either state allows an adjustment or credit for this double taxation, then the RIT allowance is based on the other state's tax rate – otherwise, it is based on the sum of the tax rates for both states at the new location.

List below the name(s) of the state(s) which taxed your non-deductible moving expense reimbursements for this tax year.

_____ State _____ State

LOCAL TAX RETURNS If the employee incurs an additional local income tax liability as a result of moving expense reimbursements. Specify the name of all localities and the applicable tax withholding rate (s), i.e. 1%, 2%, etc. for this tax year. These local tax rates are expressed as a percent of one of the following: income, federal tax or state tax, and are to be listed in the "Type of Tax" column. Please contact your local tax authorities if you are unsure of these items.

Locality	Percent	Type of Tax
_____	_____	_____
_____	_____	_____

The above information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate DOD component official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RIT allowance can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with 3 copies of my travel orders, and all claimed income W-2s, etc., are attached. Additional documentation will be furnished if requested.

I (We) further agree that if the 12 month services agreement required by the Joint Travel Regulation (JTR), Vol II, Paragraph C4001-A is violated, the total amount of the RIT allowance will become a debt due the U.S. Government.

Employee's Signature _____ Date_____ Spouse's Signature_____ Date_____
(If joint tax returns were filed for year(s) affected)

Social Security Number _____ Employee _____ Spouse (if applicable)

PRIVACY ACT STATEMENT Collection of this information is authorized by 5 U.S.C., Section 5724b and 10 U.S.C. Section 136. The use of an individual's Social Security Number for purposes related to Federal income taxes is authorized by 26 U.S.C., Section 6109. The Social Security Number will be used to verify the individual employee's identity. The information furnished or submitted with this form is confidential and will be used to calculate the employee's RIT allowance. Failure to provide this information could preclude or delay processing of your RIT Allowance.