

## TAX STATUS CERTIFICATION

1. 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 tax authorities for the \_\_\_\_\_ tax year.

2. Gross compensation as shown on attached IRS Form(s) W-2 and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

	<u>Forms W-2</u>	<u>Schedule SE</u>
Employee	\$ _____	\$ _____
Spouse (if filing jointly)	\$ _____	\$ _____
TOTAL (Both Columns)		\$ _____

3. Filing Status (Check the filing status that was (or will be) claimed on IRS Form 1040):

<input type="checkbox"/> SINGLE	<input type="checkbox"/> HEAD OF HOUSEHOLD
<input type="checkbox"/> MARRIED FILING JOINTLY	<input type="checkbox"/> QUALIFYING WIDOW(ER) WITH DEPENDENT CHILD
<input type="checkbox"/> MARRIED FILING SEPARATELY	

4. Marginal tax rates from Appendices A, B and C of 41CFR Part 302-11 and local tax tables derived under procedures prescribed in 41CFR Part 302-11:

FEDERAL:		STATE (Specify which)	LOCAL (Specify which)
YEAR 1	YEAR 2		

5. Employee's State, County/City of residence as of December 31 of the tax year for which the allowance is claimed:

6. If the State and Locality of residence at the end of the tax year differs from the State and Locality claimed for marginal tax rates, explain below:

### 7. MILEAGE

ENTER THE NUMBER OF MILES FROM YOUR OLD HOME TO YOUR NEW WORKPLACE	
ENTER THE NUMBER OF MILES FROM YOUR OLD HOME TO YOUR OLD WORKPLACE	
<b>SUBTRACT LINE 2 FROM LINE 1. ENTER THE RESULTS</b>	

### 8. 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 or 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.

9. The above information is true and accurate to the best of my knowledge. I (we) agree to notify the Deputy Comptroller for Finance-BC in writing of any changes to the above (i.e., from amended tax returns, tax audit, etc.) so that appropriate changes to the RIT allowance can be made. The required supporting documents are attached. Additional documentation will be furnished if requested.

EMPLOYEE'S SIGNATURE	DATE	SPOUSE'S SIGNATURE (If joint filing status)	DATE