

TAXATION FOR COMMUTING IN GOVERNMENT - PROVIDED VEHICLE

NAME:

TITLE:

DISTRICT:

OFFICE LOCATION:

MONTH/ DAY	TAX BENEFIT	MONTH/ DAY	TAX BENEFIT	MONTH/ DAY	TAX BENEFIT	MONTH/ DAY	TAX BENEFIT	MONTH/ DAY	TAX BENEFIT
1.		21.		41.		61.		81.	
2.		22.		42.		62.		82.	
3.		23.		43.		63.		83.	
4.		24.		44.		64.		84.	
5.		25.		45.		65.		85.	
6.		26.		46.		66.		86.	
7.		27.		47.		67.		87.	
8.		28.		48.		68.		88.	
9.		29.		49.		69.		89.	
10.		30.		50.		70.		90.	
11.		31.		51.		71.		91.	
12.		32.		52.		72.		92.	
13.		33.		53.		73.		93.	
14.		34.		54.		74.		94.	
15.		35.		55.		75.		95.	
16.		36.		56.		76.		96.	
17.		37.		57.		77.		97.	
18.		38.		58.		78.		98.	
19.		39.		59.		79.		99.	
20.		40.		60.		80.		100.	
SUBTOTAL		SUBTOTAL		SUBTOTAL		SUBTOTAL		SUBTOTAL	

TOTAL ►

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.

EMPLOYEE SIGNATURE _____ DATE _____

CERTIFYING OFFICER _____ DATE _____

TAXATION FOR COMMUTING IN GOVERNMENT - PROVIDED VEHICLE

NAME:	TITLE:	SOCIAL SECURITY:
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DISTRICT:	OFFICE LOCATION:
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ADMINISTRATIVE OFFICE OF THE
UNITED STATES COURTS
HUMAN RESOURCES DIVISION -
COURT SERVICES BRANCH
WASHINGTON, D.C. 20544

◀ FORM MUST BE
SUBMITTED IN
A WINDOW ENVELOPE
TO:

This report covers the total taxable benefit for the usage of a government vehicle for period of time from: November 1, _____ to October 31, _____ .

To determine the total amount of Taxable Benefit, multiply the number of commutes by the current value of the commute. (Please refer to the memorandum entitled "Taxation for Commuting in Government Provided Vehicle.")

TOTAL AMOUNT OF TAXABLE BENEFIT: _____