



THRIFT SAVINGS PLAN
CERTIFICATION OF RECHARACTERIZATION
OF RECORDS AND JOURNAL VOUCHER

TSP-U-2-R

I. IDENTIFICATION

To: TSP Agency Technical Services ATS — P.O. Box 4570 Fairfax, VA 22038-9998 Telephone: (888) 802-0179 Fax Number: (703) 788-2936		1. From:	
2. Payroll Office Number		3. Journal Voucher Report Number	4. Submission Date (mm/dd/yyyy)
		5. Type of Media <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Tape <input type="checkbox"/> Disk	
6. Reel Number	7. Reel Date (mm/dd/yyyy)	8. Back-up Number (If applicable)	9. Back-up Date (mm/dd/yyyy)

II. RECORDS SUBMITTED

10. Number of Tax-exempt to Tax-deferred (67) Records

11. Number of Tax-deferred to Tax-exempt (68) Records

12. Total Number of Records

III. RECHARACTERIZATION AMOUNTS BY RECORD TYPE

13. Total Amount to Be Recharacterized to Tax-deferred \$

14. Total Amount to Be Recharacterized to Tax-exempt \$

15. Control Total \$

IV. CERTIFICATION

I certify that prudent measures have been taken to ensure that the TSP transactions associated with this voucher are correct according to applicable law.

16. _____
 Typed or Printed Name of Authorized Administrative or Certifying Officer

17. (_____) _____ - _____
 Telephone (Area Code and Number)

18. _____
 Signature of Authorized Administrative or Certifying Officer

19. (_____) _____ - _____
 Telefax (Area Code and Number)

20. _____
 Date Certified



INSTRUCTIONS

Use this form to request the tax recharacterization of employee contributions previously submitted.

IDENTIFICATION

1. **From.** Enter address of sender. Include payroll office name, address, and zip code.
2. **Payroll Office Number.** Enter assigned 8-position payroll office number in XX-XX-XXXX format.
3. **Journal Voucher Report Number.** Enter 6-position report number in YXRXXX format. The first two positions represent the last 2-digits of the calendar year. The third position is "R." The last 3 positions represent a sequential number beginning with 001 and increasing sequentially. This number will serve as a control over receipt of the reports. For example, 02R001 would be the first JV report number submitted in the year 2002.
4. **Submission Date.** Enter date in mm/dd/yyyy format.
5. **Type of Media.** Indicate whether you are making an electronic submission or submitting a magnetic tape, or a diskette.
6. **Reel Number.** Enter reel number of magnetic tape sent, if applicable.
7. **Reel Date.** Enter date reel was created. Use mm/dd/yyyy format.
8. **Back-up Number (if applicable).** Complete this section if duplicate (back-up) magnetic tape is submitted with this form.
9. **Back-up Date.** If Item 8 is completed, enter date back-up reel was created. Use mm/dd/yyyy format.

RECORDS SUBMITTED

10. **Number of Tax-exempt to Tax-deferred (67) Records.** Enter total number of records submitted.
11. **Number of Tax-deferred to Tax-exempt (68) Records.** Enter total number of records submitted.
12. **Total Number of Records.** Enter the total number of records submitted. This is equal to the sum of Items 10 and 11 and excludes magnetic media header and trailer records.

RECHARACTERIZATION AMOUNTS BY RECORD TYPE

13. **Total Amount to Be Recharacterized to Tax-deferred.** Enter total employee contributions from 67-Records.
14. **Total Amount to Be Recharacterized to Tax-exempt.** Enter total employee contributions from 68-Records.
15. **Control Total.** Enter total contributions. This is equal to the sum of Items 13 and 14.

CERTIFICATION

16. **Name of Authorized Administrative or Certifying Officer.** Type or print name of official who is responsible for the accuracy of this voucher and the data it transmits.
17. **Telephone Number.** Enter telephone number of certifying officer, including area code.
18. **Signature of Authorized Administrative or Certifying Officer.** Signature of person named in Item 16.
19. **Telefax Number.** Enter telefax number of certifying officer, including area code.
20. **Date Certified.** Enter date the document is signed.