



**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		<b>1. From:</b>	
<b>2. Payroll Office Number</b>	<b>3. Journal Voucher Report Number</b>  — yy <b>R</b> — xxx	<b>4. Submission Date</b> (mm/dd/yyyy)	<b>5. Type of Media</b> <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Web-based application

**II. RECORDS SUBMITTED**

<b>6. Number of Tax-exempt to Traditional (tax-deferred) (67) Records</b>		
<b>7. Number of Traditional (tax-deferred) to Tax-exempt (68) Records</b>		
<b>8. Total Number of Records</b>		
<b>III. RECHARACTERIZATION AMOUNTS BY RECORD TYPE</b>		
<b>9. Total Amount to be Recharacterized to Traditional (tax-deferred)</b>	\$	
<b>10. Total Amount to be Recharacterized to Tax-exempt</b>	\$	
<b>11. Control Total</b>	\$	

**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.

<b>12.</b> _____ Typed or Printed Name of Authorized Administrative or Certifying Officer	<b>13.</b> ( _____ ) _____ — _____ Telephone (Area Code and Number)
<b>14.</b> _____ Signature of Authorized Administrative or Certifying Officer	<b>15.</b> ( _____ ) _____ — _____ Telefax (Area Code and Number)
	<b>16.</b> _____ Date Certified



Use this form to request the tax recharacterization of employee contributions previously submitted. Do NOT use this form to redesignate regular employee contributions (traditional or tax-exempt) to Roth contributions or vice versa. Use Form TSP-U-2-D for that purpose.

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**IDENTIFICATION**

1. **From.** Enter the address of the sender. Include the payroll office name, address, and Zip Code.
2. **Payroll Office Number.** Enter the 8-position assigned payroll office number in XX-XX-XXXX format.
3. **Journal Voucher Report Number.** Enter 6-position report number in YYRXXX 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 using the TSP Web-based application.

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**RECORDS SUBMITTED**

6. **Number of Tax-exempt to Traditional (tax-deferred) (67) Records.** Enter total number of records submitted.
7. **Number of Traditional (tax-deferred) to Tax-exempt (68) Records.** Enter total number of records submitted.
8. **Total Number of Records.** Enter the total number of records submitted. This is equal to the sum of Items 6 and 7 and excludes magnetic media header and trailer records.

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**RECHARACTERIZATION AMOUNTS BY RECORD TYPE**

9. **Total Amount to Be Recharacterized to Traditional (tax-deferred).** Enter total employee contributions from 67-Records.
10. **Total Amount to Be Recharacterized to Tax-exempt.** Enter total employee contributions from 68-Records.
11. **Control Total.** Enter total contributions. This is equal to the sum of Items 9 and 10.

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**CERTIFICATION**

12. **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.
13. **Telephone Number.** Enter telephone number of certifying officer, including area code.
14. **Signature of Authorized Administrative or Certifying Officer.** Signature of person named in Item 12.
15. **Telefax Number.** Enter telefax number of certifying officer, including area code.
16. **Date Certified.** Enter date the document is signed.