

# CLAIM FOR RELOCATION INCOME TAX ALLOWANCE FOR THE YEAR \_\_\_\_\_

## ATTACHMENT TO FORM AD-616R, TRAVEL VOUCHER (RELOCATION)

NAME	SOCIAL SECURITY NUMBER	AGENCY CODE	REPORTING DATE Year    Month    Day
<b>1 GROSS COMPENSATION</b>	FORM W-2	SCHEDULE SE	<b>TOTAL</b>
Gross compensation as shown on attached Form(s) W-2 (including Form W-2 for relocation) and/or net earnings (or loss) from self-employment income shown on attached Schedule SE (line 1 plus line 2).	Employee ▶		
	Spouse ▶		
<input type="checkbox"/> ◀ Check box if total earned income is \$20,000 or less			<b>TOTAL EARNED INCOME ▶</b>
<b>2 FILING STATUS</b> Check appropriate box below.			
<input type="checkbox"/> ◀ 1 = Single <input type="checkbox"/> ◀ 2 = joint return <small>married filing</small> <input type="checkbox"/> ◀ 3 = Head of Household <input type="checkbox"/> ◀ 4 = separate return <small>married filing</small> <input type="checkbox"/> ◀ 5 = with dependent child <small>Qualifying widow(er)</small>			
<b>3 STATE TAX LIABILITY</b>	STATE NAME	MARGINAL TAX RATE (use decimal)	TAX BASIS 1=% Income 2=Federal Tax
Enter the state(s) where you had incurred a state tax liability on relocation reimbursements. Complete the Marginal Tax Rate and Tax Basis blocks ONLY if total earned income show above is \$20,000 or less. You must enter the state marginal tax rate for each state where you have a liability. You must indicate if this rate is expressed as a percent of income or Federal Tax.			
<input type="checkbox"/> ◀ Check box if your filing status is "Married filing separate return" and you reside in a community property state. (If this box is checked you must have entered total earned income for both you and your spouse in earned income blocks.)			
<b>4 LOCAL TAX LIABILITY</b>	LOCALITY NAME	TYPE 1 = City 2 = County	MARGINAL TAX RATE (Use decimal)
Enter the locality where you have incurred a local income tax liability. Indicate if the locality is a city or a county and what the local income tax rate is and the basis of the tax. Attach a copy of the local income tax rate table for each separate locality.			TAX BASIS 1 = % Income 2 = State Tax    3 = Federal Tax
<b>TOTAL ▶</b>			
<b>5 TAXABLE RELOCATION PAYMENTS</b>			
Enter the amount of taxable moving expense reimbursements made for the year. This amount is shown on your Form W-2 as moving allowances subject to withholding. ▶			
<b>6 CERTIFICATIONS</b>			
I certify that the above information, which is to be used in calculating the RIT Allowance to which I am entitled, has been (or will be) shown on 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 for which I am filing. The above information is true and correct to the best of my knowledge and I (we) agree to notify the appropriate agency 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 are attached. Additional documentation will be furnished if requested.			
EMPLOYEE'S SIGNATURE			DATE
SPOUSE'S SIGNATURE			DATE
I have reviewed this claim and its attachments for truth and accuracy. I authorize the RIT Allowance payment on the attached Form AD-616R in accordance with the data provided and attached to this claim.			
AUTHORIZING OFFICIAL'S SIGNATURE			DATE

**PRIVACY ACT NOTICE:** The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 U.S.C. Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, and is used to verify employee claims for reimbursements of Relocation Income Tax Allowance (RIT). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigation of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.