

**CERTIFIED STATEMENT OF INCOME AND TAX FILING STATUS  
RELOCATION INCOME TAX ALLOWANCE (RITA)  
(For relocations that reported to duty before 1/1/2015)**

I certify that the following information, which is to be used in calculating the RITA to which I am entitled, has been shown on the income tax returns filed by me (or by my spouse and me) with the applicable federal, state, and local (specify which) tax authorities for the \_\_\_\_\_ tax year.

1. **INCOME.** Gross compensation as shown on attached IRS Form(s) W-2, 1099-R(s) for non-disability military retirement pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040):

	<b>Forms W-2</b>	<b>Military Retirement (Forms 1099-R)</b>	<b>Schedule SE</b>
Employee	\$ _____	\$ _____	\$ _____
Spouse (if filing jointly)	\$ _____	\$ _____	\$ _____
<b>TOTAL (all columns)</b>			<b>\$ _____</b>

Filing Status: \_\_\_\_\_

(Specify the filing status that was claimed on IRS Form 1040; i.e., single, married filing jointly, etc.)

Printed Name of Employee: \_\_\_\_\_

2. **STATE TAX RETURNS:** In some circumstances, an employee may incur a state income tax liability on moving expense reimbursements in more than one state. For example, an employee may incur taxes on moving expense reimbursements in one state because of residency in that state, and in another state because that particular state taxes income earned within its jurisdiction irrespective of whether the employee is a resident.

The following state tax questions must be answered to determine the state marginal tax rate used to compute the RITA. If you do not know the answers, please ask your tax preparer for assistance.

A. Did more than one state tax your non-deductible moving expense reimbursements for the tax year?      YES      NO

B. Did more than one state tax the same portion of your non-deductible moving expense reimbursements for the tax year?      YES      NO

C. If two or more states taxed the same portion of your non-deductible moving expense reimbursements, did either state allow for an adjustment or credit of other income taxes paid to the other state?      YES      NO

D. List below the name of the state(s), if any, which taxed your non-deductible moving expense reimbursements for the tax year.

STATE \_\_\_\_\_                      STATE \_\_\_\_\_

E. Did a state treat a moving expense reimbursement as taxable even though that same expense is nontaxable under federal tax rules?      YES      NO

3. **LOCAL TAX RETURNS:** If you incurred an additional local income tax liability *as a result of moving expense reimbursements*, specify the name of the taxing locality(ies) and the applicable tax rate(s), i.e., 1%, 2%, etc., for the tax year. If local tax rate is stated as a percentage of federal or state income tax liability, such rate must be converted to a percent of taxable income.

LOCALITY

PERCENT

\_\_\_\_\_

4. **DECLARATION.** The preceding information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate DoD component official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RITA can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with my travel orders and all claimed income (W-2s, etc.) are attached. Additional documentation will be furnished if required.

I (we) further agree that if the 12-month service agreement required by 41 CFR 302-2.15 is violated, the total amount of the RITA will become a debt due the United States Government and will be repaid according to agency procedures.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If joint tax returns were filed for the year affected.)

Social Security Number \_\_\_\_\_  
Employee Spouse (if applicable)

**PRIVACY ACT STATEMENT**

Collection of this information is authorized by 5 U.S.C. Section 5724b. The use of an individual's social security number for purposes related to Federal income taxes is authorized by 26 U.S.C. Section 6109. The social security number will be used to verify the individual employee's identity. The information furnished or submitted with this form is confidential and will be used to calculate the employee's RITA. Submission of the requested information is voluntary; however, failure to provide the information listed on this form will make it impossible for DFAS-Rome to compute the allowances.

**ENSURE THE FOLLOWING DOCUMENTATION IS INCLUDED WITH THE CLAIM:**

- a. Travel voucher (DD Form 1351-2), signed and dated, annotated as "RITA"
- b. Travel orders (DD Form 1614 and all amendments)
- c. W-2s, 1099-Rs for non-disability military retired pay and, if applicable, self-employment income shown on attached Schedule SE (and spouse's if filing a joint return)

**NOTE:** In order to avoid processing delays, please ensure that the amount of income, as indicated on this Certification Form, matches the income tax documentation submitted with the RITA claim. Failure to do so will result in your claim being returned without action until you provide a corrected claim and/or additional documentation to support the claim.