

Appendix A

ABC Subsidy Certification Form (Taxable Subsidy)

Participant Name: _____

Claims for the ABC subsidy will be accepted semi-annually and are due to the Parking and Transit Office as follows:

- a) Claims for the months of November –April are due on April 5th.
- b) Claims for the months of May-October are due on October 5th.

Attach the completed form below and your paid receipt(s) to a paper form 1164. Proper Signature(s) are required. Submit completed forms via email to Parking.TransitOffice@dot.gov or to the below address:

TRANServe
Parking and Transit Office
W12-101
1200 New Jersey Ave. SE
Washington, DC 20590

January Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
March Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
May Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
July Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
September Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
November Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature

February Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
April Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
June Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
August Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
October Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature
December Year _____ I certify that I rode my bike in conjunction with my monthly transit benefit as part of my commute to and from work for this month. _____ Participant Signature

I certify the receipts attach to this form qualify for the Active Bicycle Benefit (ABC) subsidy.

Participant Signature: _____