## RELOCATION INCOME TAX ALLOWANCE CERTIFICATION FORM

I certify that the following information, which is to be used in calculating the RITA to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by spouse and me) with the IRS for the tax year.					
My gross compensation is the attached Form 1099(s earnings (or loss) from se from the Schedule C of yo	s) for mi lf-empl	ilitary retireme oyment incon	ent payments a ne shown on th	nd, if applicable,	the net dule SE
Employee	\$		\$		
Spouse (if filing jointly)	\$		\$		
TOTAL (Both Columns)		\$			
STATE(S) WHICH TAXED, OR YOU REPORTED YOUR MOVING EXPENSE REIMBURSEMENTS TO FOR THIS TAX YEAR:  ANY CITY OR TOWNSHIP IN WHICH YOU INCURRED LOCAL INCOME TAX:					
The above 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 (amended tax returns, tax audit, 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.					
I (we) further agree that if the 12 month service agreement is violated, the total amount of RIT allowance will become a debt due the U.S. Government and will be repaid in accordance with current provision of the Federal Travel Regulations, Part 302-17.11.					
Employee's Signature		Date	Spouse's Signatu (if joint filing sta		Date