

**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 shown on the attached IRS Form(s) W-2 and, if applicable, the attached Form 1099(s) for military retirement payments and, if applicable, the net earnings (or loss) from self-employment income shown on the attached Schedule SE from the Schedule C of your Form 1040:

	<u>Forms W-2</u>	<u>Form 1099 and/or Schedule SE</u>
Employee	\$ _____	\$ _____
Spouse (if filing jointly)	\$ _____	\$ _____
TOTAL (Both Columns)	\$ _____	

MY IRS FILING STATUS: _____
(Specify one of the five filing status items that was (or will be) claimed on your IRS federal income tax return)

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 Signature
(if joint filing status)

Date