U.S. DEPARTMENT OF ENERGY Employee Relocation Income Tax (RIT) Allowance Certification

(See Reverse for Instructions and Privacy Act Statement)

NAME:	([¹ , n = 1)		(A (* -1 -1) -)	(1 1)	
	(First)		(Middle)	(Last)	
SOCIAL SECURITY N	NUMBER:	/ -	/		
	the income ta	x returns filed (or to be fi	iled) by me (or by my sp	nce to which I am entitled, has ouse and me) with the applicable	
- Gross compensation as shown on attached IRS Form(s) W-2 (including W-2 for relocations) and, if applicable, net earnings (or loss) from self-employment income shown on Schedule SE (Form 1040).					
		Forms W-2	Sche	dule SE	
Emplo	byee a	β	\$		
	se (if filing int return)	β	\$		
TOTAL EARNED INCOME: \$					
FILING STATUS: (Check One)		Single Married Filing Joint Return Married Filing Separate Return	 	 Head of Household Qualified Widow(er) with Dependent Child 	
PUERTO RICO: Did employee relocate to or from a point, or between points, in the Commonwealth of Puerto Rico?					
	YE	S	NO		
STATE INCOME TAX LIABILITY: Name of state, if any, in which you incurred state income tax liability because of relocation reimbursements. If you were subject to tax liability in 2 states, name both states. State(s):					
Indicate State Tax Marginal Rate for Income specified above:%					
State Marginal Rate is expressed as a percentage of which of the following:					
	Income		Federal Tax		
LOCAL INCOME TAX Indicate local income tax ra	RATE: ate for locality		%		
Name of locality					
			A CRIMINAL OFFENSE TO MAKE A WIL ED STATES AS TO ANY MATTERS WIT		

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DOE Organization and Phone Number:	
Change of Station Authorization Number:	
Reporting Date: / / YY / MM / DD	
Local tax rate above is expressed as a percentage of which of the following:	
Check One: Income Federal Tax	State Tax
Covered Taxable Reimbursements (to be completed by DOE Travel Division):	\$
Withholding Tax Allowance Paid (to be completed by DOE Travel Division):	\$
FICA: What is Claimant's FICA Category?	
1. Subject to FICA withholding for Medicare only. Permanent employees who have employed by the Federal Government since 12/31/83 fall into this category.	e been continuously

 2. Subject to full FICA withholding. All temporary and permanent employees who entered or re-entered Federal Service after 12/31/83 fall into this category.

The above information is true and accurate to the best of my knowledge but I (we) agree to notify the DOE finance office of any change to the above (i.e., from amended tax returns, tax audit, etc.) so that appropriate adjustments 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 required by the Federal Travel Regulations (41 CFR 302-1 .5) is violated, the total amount of the RIT allowance will become a debt due the United States Government and will be repaid to DOE in accordance with DOE instructions.

Employee's Signature

Date

Spouse's Signature (If joint return) Date

<u>INSTRUCTIONS</u>. Eligible employees are required to submit a claim for the Relocation Income Tax (RIT) allowance and to file the tax information contained on this form in the year following the payment of covered taxable reimbursements. The completed certification form is attached to the employee's RIT claim submitted on SF-1012, "Travel Voucher", and sent to the payment office through the normal travel voucher approving process.

<u>PRIVACY ACT INFORMATION STATEMENT</u>. Collection of the information requested is required by the Federal Travel Regulation (41 CFR 302-11.10) under the authority of Executive Order 11609. The information provided is necessary to calculate the employee's RIT allowance and is required regardless of whether any additional reimbursement for the RIT allowance is owed to the employee. Access of or use of the information provided will be used by those authorized personnel involved in the processing of relocation transactions.