

RELOCATION INCOME TAX ALLOWANCE (RITA) CERTIFICATION

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

Name: _____ Phone #: _____ Work _____
 Address: _____ Home _____
 _____ Soc. Sec. #: _____
 _____ Transfer Date: _____

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

FILING STATUS

_____ Single _____ Head of Household
 _____ Married Filing Joint Return _____ Married Filing Separate Return

GROSS COMPENSATION

*from Form(s) W-2 (including Relocation) and/or net earnings on Schedule SE (only applicable for self-employment)

	<u>Forms W-2</u>	<u>Line 1 + Line 2 Schedule SE</u>
Employee	\$ _____	\$ _____
Spouse (if filing joint return)	\$ _____	\$ _____
TOTAL	\$ _____	

LOCALITY TAX

Do you pay a locality tax (city or county income tax)? _____
 If so, what is the tax rate? _____ %
 Is the tax a percentage of _____ income? _____ state tax? or _____ federal tax?

* If you received relocation reimbursements for two moves during this tax year, please list the cities and states to which you relocated.

1st Move _____
 2nd Move _____

* From your old residence, is the distance to your new duty station at least 35 miles greater than the distance to your old duty station? _____

The above information is true and accurate to the best of my knowledge. I/we agree to notify Relocation Services of any changes to the above (i.e., from the amended tax returns, tax audit, etc.) so that appropriate adjustment to the RITA may be made. Additional documentation will be furnished upon request.

 Employee's Signature _____ Date _____

 Spouse's Signature (if filling joint return) _____ Date _____

*Please be sure that all W-2 forms and Schedules (if applicable) are attached.