



Travel Voucher Memorandum for Relocation Income Tax Allowance (RITA)

Privacy Act Statement: The authority for collecting this information is found in the Federal Travel Regulations, Chapter 302-11 and Executive Order 9397. The information requested is needed to determine payment for or reimbursement of allowable expenses and to record and maintain costs of such reimbursement. Information may be disclosed to civil agencies under certain circumstances. Other routine uses of this information are published in the description of the Privacy Act System DOD/FAA 806, Federal Aviation Administration Employee Payable System. The collection of information is MANDATORY, and failure to provide pertinent information may result in delay or loss of reimbursement.

1. Federal Aviation Administration Office or Division	2. Type of Travel – Permanent Change of Station (PCS) 2a. PCS Order Number :	3. Employee's Reporting Date
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Traveler/Payee

4. Name (Last, First, Middle Initial)	6. Social Security Number	7. Accounting Classification:
5. Street Mailing Address	8. New Residence (Specify City/State at new Duty Station)	
City _____ State _____ ZIP _____	9. Present Duty Station (Incl. Office Telephone & Route Symbol)	

10. I am enrolled in:

Civil Service Retirement System (CSRS) Federal Employees Retirement System (FERS)

11. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. I understand that if the RITA calculation results in a negative amount, I am obligated to repay the excess amount as a debt due to the Federal Government

I (we) certify the information in the bottom of this form is true and accurate to the best of my (our) knowledge. I (we) agree to notify the accounting office of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RITA can be made. The required supporting documents are attached. Additional documents will be furnished, if requested.

I (we) further agree that if the required 12-month service agreement is violated, the total amount of the RITA will become a debt due the United States Government and will be repaid according to agency procedures.

Certification Statement: I certify that the information is true and accurate to the best of my knowledge. 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 my spouse and me) with the applicable Federal, State and local tax authorities for the tax year _____

12. **Filing Status:** My filing status as indicated on my tax returns for the above cited tax year is/was: (Check one of the following)

Single Married Filing Joint Return (or as a surviving Spouse) Head of Household
Married Filing Separate Return Qualifying Widow(er) (with dependent child)

<p>13. Income: My Gross Compensation - As shown on the Attached IRS form(s) W-2, and if applicable, net earnings (or loss) from self-employment income shown on the Attached Schedule SE for the above cited tax year (insert amount(s) in the following): (Do Not Include Annuity or Interest Income)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">Form(s) W-2</th> <th style="width: 20%; text-align: center;">Schedule SE</th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td>A. Employee</td> <td style="text-align: center;">1. \$ _____</td> <td style="text-align: center;">3. \$ _____</td> <td></td> </tr> <tr> <td>B. Spouse (if filing jointly)</td> <td style="text-align: center;">2. \$ _____</td> <td style="text-align: center;">4. \$ _____</td> <td></td> </tr> <tr> <td>Total Earned Income (1,2,3, & 4)</td> <td colspan="2" style="text-align: center;">\$ _____</td> <td></td> </tr> </tbody> </table>		Form(s) W-2	Schedule SE		A. Employee	1. \$ _____	3. \$ _____		B. Spouse (if filing jointly)	2. \$ _____	4. \$ _____		Total Earned Income (1,2,3, & 4)	\$ _____			<p>14. State Information: I (we) incurred a State income tax liability on my PCS reimbursements for the above cited year:</p> <p>A. _____ State of residence (at new duty station)</p> <p>B. Did you pay taxes to more than one state on the same PCS reimbursements? Yes No (if yes, please explain)</p>
	Form(s) W-2	Schedule SE															
A. Employee	1. \$ _____	3. \$ _____															
B. Spouse (if filing jointly)	2. \$ _____	4. \$ _____															
Total Earned Income (1,2,3, & 4)	\$ _____																

15. **Local Income Tax information.** (not applicable in most cases) (Attach copies of the file local income tax forms)

I (we) incurred a local income tax liability on my PCS reimbursements to the following tax authority for the above cited year: _____

Note: A Local Income Tax, is defined as a tax, imposed by a recognized city or county tax authority, that is deductible for Federal income tax purposes as a local (city or county) income tax under section 164(a)(3) of the Internal Revenue Code (IRC); except that for employees transferred on or after November 14, 1983 through October 11, 1984, local income tax shall be construed to mean a city income tax.

16. (not applicable in all PCS moves) I am eligible for RITA adjustment since I relocated to a State which does not allow deduction of some or all moving expenses. Since I qualify for the RITA adjustment, I am submitting the following claim for my RITA adjustment.

"I am submitting this claim during 20 ____ for a RITA adjustment along with my original RITA claim for the same reimbursement period. Reimbursements for this move were paid in 20 ____ and 20 _____. For each year I received PCS reimbursement, I certify that the amounts indicated below were not deductible for State income tax purposes."

List applicable items and amounts.

A. _____ \$ _____	D. _____ \$ _____
B. _____ \$ _____	E. _____ \$ _____
C. _____ \$ _____	F. _____ \$ _____

Employee (Traveler) Signature	Spouse's Signature (if filing jointly)	Date	Amount Claimed \$ _____
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NOTE: If a joint filing status is claimed and spouse's income is included, the spouse must sign the statement. If spouse does not sign the document, earned income will include on the employee's income. This condition will not apply if an employee is allowed under IRS rules to file a joint return as a surviving spouse.