

Relocation Income Tax Allowance Certification

U.S. Department of Housing and Urban Development
Office of the Chief Human Capital Officer

Attach to SF-1012, Travel Voucher, when claiming Relocation Income Tax Allowance

1. Name		2. Employee ID	3. Travel Order Number	
4. Address			5. Reporting Date	
6. Office	7. Activity Code	8. Office Phone Number	9. Tax Year for which Allowance is claimed	
10. Gross compensation as shown on attached IRS Form(s) W-2 and, if applicable, net earnings (or loss) from self-employment income shown on attached schedule SE (IRS form 1040).		Employee's Form W-2 \$	Employee's Schedule SE \$	
		Spouse's W-2 (if filing jointly) \$	Spouse's Schedule SE (if filing jointly) \$	
			Total (combine both columns) \$	
11. Filing Status (check one)				
<input type="checkbox"/> Single <input type="checkbox"/> Married, filing jointly <input type="checkbox"/> Married, filing separately <input type="checkbox"/> Head of Household <input type="checkbox"/> Qualifying Widower with dependent child				
12. Marginal tax rates from Federal Travel Regulations appendices 2-11 A, B, and C, and local tax tables derived under procedures prescribed in FTR Part 2-11.				Federal Tax Rate
				a. For Year 1
				b. For Year 2
		Name of State	State Tax Rate %	
		Name of Local Jurisdiction	Local Tax Rate %	

I certify that the above information (items 10 through 12), which is to be used in calculating the Relocation Income Tax Allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by (or for my spouse and me) with the applicable Federal, State, and local tax authorities (specify) for the tax year indicated in item 9 above.

The above information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate agency official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustments to the Relocation Income Tax 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 FTR 2-1.5a(1) is violated, the total amount of the Relocation Income Tax Allowance will become a debt due the United States Government and will be repaid according to agency procedures pursuant to FTR 2-11.11.

Employee's Signature	Date	Spouse's Signature	Date (if filing jointly)
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