



National  
Aeronautics and  
Space  
Administration

# Relocation Income Tax Allowance Certification

THIS CERTIFICATION MUST BE ATTACHED TO A SIGNED SF 1012, "TRAVEL VOUCHER," TO SUPPORT A RELOCATION INCOME TAX ALLOWANCE (RITA) CLAIM. COPIES OF ALL W-2 FORMS AND SCHEDULE SE MUST ALSO BE INCLUDED IN FURTHER JUSTIFICATION OF THE CLAIM.

## SECTION I - BASIC DATA

NAME		SSN	
ENTER ON DUTY DATE	OFFICE PHONE	PRESENT DUTY CENTERS	TAX YEAR

## SECTION II - ALLOWANCE DATA

EARNED INCOME - GROSS COMPENSATION AS SHOWN ON FORM(S) W-2 (BLOCK 1) AND/OR NET EARNINGS (OR LOSS) FROM SELF-EMPLOYMENT INCOME SHOWN ON SCHEDULE SE (LINE 1 PLUS LINE 2).

	FORMS W-2 (Block 1)	LINE 1 PLUS LINE 2 SCHEDULE SE		
EMPLOYER	\$ _____	\$ _____		
SPOUSE (If joint)	\$ _____	\$ _____		
EARNED INCOME	\$ _____	+	\$ _____	= \$ _____

FILING STATUS:

SINGLE                     
  MARRIED FILING JOINT RETURN                     
  HEAD OF HOUSEHOLD  
 MARRIED FILING SEPARATE RETURN                     
  QUALIFIED WIDOW(ER) w/DEPENDENT CHILD

STATE TAX INFORMATION

NAME OF STATE WHERE YOU INCURRED INCOME TAX LIABILITY ON RELOCATION REIMBURSEMENTS AT THE NEW LOCATION IN THE TAX YEAR SHOWN ABOVE.

IF EARNED INCOME SHOWN ABOVE IS LESS THAN \$20,000 ANSWER THE FOLLOWING:

INDICATE STATE INCOME TAX RATE (%) \_\_\_\_\_

RATE IS EXPRESSED AS A PERCENTAGE OF:

INCOME                     
  FEDERAL TAX

LOCALITY TAX INFORMATION

NAME OF LOCALITY WHERE YOU INCURRED INCOME TAX LIABILITY ON RELOCATION REIMBURSEMENTS AT THE NEW LOCATION IN THE TAX YEAR SHOWN ABOVE.

TYPE OF LOCALITY:

CITY OF MUNICIPALITY                     
  COUNTY

RATE IS EXPRESSED AS A PERCENTAGE OF:

INCOME                     
  STATE TAX                     
  FEDERAL TAX

## SECTION III - CERTIFICATION

I / WE CERTIFY THAT THE INFORMATION GIVEN ABOVE IS NECESSARY FOR CALCULATING THE RITA TO WHICH I / WE MAY BE ENTITLED, HAS BEEN (or to be filled) BY ME (or jointly with my spouse) WITH APPLICABLE FEDERAL, STATE, AND LOCAL TAX AUTHORITIES FOR THE ABOVE REFERENCED TAX YEAR. I / WE ALSO CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY / OUR KNOWLEDGE. I / WE AGREE TO NOTIFY THE FINANCIAL MANAGEMENT OFFICE 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.

EMPLOYEE'S SIGNATURE	DATE	SPOUSE'S SIGNATURE	DATE
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