

DO-IT-YOURSELF (DITY) MOVE CERTIFICATION

DATE

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C., 406(k); EO 9397, November 1943.

PRINCIPAL PURPOSE: To review, approve, account for, and disburse Do-It-Yourself (DITY) move payments, and to determine the amount of Federal and State income taxes to deduct.

ROUTINE USES: Data may be disclosed to the Internal Revenue Service, the General Accounting Office, State and local tax authorities, as well as to any DoD officer or employer who has a need for the record in the performance of official duties.

DISCLOSURE: Voluntary. However, failure to furnish the requested information may result in denial of claim or treating the entire DITY move reimbursement as taxable wages for income tax withholding and reporting to the IRS and State and local tax authorities. Disclosure of the SSN is voluntary.

I certify that:

1. I made a DITY move beginning on _____ and ending on _____
(date) (date)
from _____ to _____
(old location) (new location)

2. I (did / did not) receive an advance payment. If an advance payment was received, the amount received was
\$ _____, Voucher No. _____, Paying ADSN _____, and Date of
Payment _____

3. The following are expenses directly incurred in making my DITY move. (Since expenses claimed the taxable income reported on TD Form W-2, this may include only expenses allowed by the IRS. If these expenses are included as moving expenses on tax returns, be sure to show the nontaxable portion of the DITY move allowance as income not reported on TD Form W-2. This claim will be available to the IRS upon request.)

a. Payments to vehicle rental companies for moving vehicle rental, packing materials, moving equipment, etc. (Attach a copy of rental contract.) \$ _____

b. Gasoline and oil expenses. \$ _____

c. Other itemized expenses directly related to household goods shipment:

TYPE OF EXPENSE	AMOUNT	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
TOTAL		\$ _____

TOTAL MOVING EXPENSES CLAIMED \$ _____

WARNING: The penalty for presenting false claims or making false statements in connection with claims is a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both. (Act of 25 Jun 1948, 18 U.S.C., 287, 1001.)

I hereby claim any amount due me. The statements on the face and the reverse of this form, and on the attached, are true and complete. Payment or credit has not been received, except as stated above.

NAME OF CLAIMANT(Print or type)

SSN

SIGNATURE

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).