CERTIFIED STATEMENT OF INCOME AND TAX FILING STATUS

Extended TDY Tax Reimbursement Allowance (ETTRA)

(For travel which began on or after 1/1/2015)

An ETTRA is designed to reimburse an employee for substantially all of the income taxes incurred as a result of a taxable extended TDY assignment.

•	agency will use in calculating the ETTRA to which I am te and local income tax returns that I (or my spouse and I)
1. FEDERAL FILING STATUS. As	shown on my (our) IRS Form 1040:
Single Married Filing Joint Married Filing Sepa	
2. TAXABLE INCOME. As shown itemized/standard deductions are subtractions	on my (our) IRS Form 1040 after personal exemptions and cted:
\$	
liability on long-term TDY expense remployee may incur taxes on TDY expense.	e circumstances, an employee may incur a state income tax reimbursements in more than one state. For example, an ense reimbursements in one state because of residency in that a particular state taxes income earned within its jurisdiction a resident.
	ust be answered to determine the state marginal tax rate used to not know the answers, please ask your tax preparer for
A. Did more than one state tax your YES NO	long-term TDY expense reimbursements for the tax year?
B. Did more than one state tax the sa for the tax year? YES	ame portion of your long-term TDY expense reimbursements NO
	me portion of your long-term TDY expense reimbursements, justment or credit of other income taxes paid to the other
D. List below the name of the st reimbursements for the tax year.	ate(s), if any, which taxed your long-term TDY expense
STATE	STATE

4. **LOCAL TAX RETURNS**. If you incurred an additional local income tax liability *as a result of the long-term travel reimbursements*, specify the name of the taxing locality(ies) and the applicable tax rate(s), i.e., 1%, 2%, etc., for the tax year. If local tax rate is stated as a percentage of federal or state income tax liability, such rate must be converted to a percent of taxable income.

	LOCALITY	PERCE	<u>N1</u>	
			urate to the best of my (our)	1
	the adjustments to the E		cial of any significant changes to that ade.	ne
Printed Name of Emplo	oyee:			
Employee's Signature			Date	
= =	re filed for the year affe		Date	
Social Security Numbe	erEmploye	ee .	Spouse (if applicable)	

PRIVACY ACT STATEMENT

Collection of this information is authorized by 5 U.S.C. Section 5724b. The use of an individual's social security number for purposes related to Federal income taxes is authorized by 26 U.S.C. Section 6109. The social security number will be used to verify the individual employee's identity. The information furnished or submitted with this form is confidential and will be used to calculate the employee's ETTRA. Submission of the requested information is voluntary; however, failure to provide the information listed on this form will make it impossible for DFAS-Rome to compute the allowances.

ENSURE THE FOLLOWING DOCUMENTATION IS ATTACHED/INCLUDED WITH THE SUBMISSION OF THE ETTRA CLAIM:

- a. Travel voucher (DD Form 1351-2), signed and dated, annotating ETTRA in the reimbursable expense block
- b. Travel orders (DD Form 1610 and all amendments)
- c. All W-2s (spouse's if filing a joint return)
- d. Completed Federal income tax return (Form 1040) for the tax year in which the taxes were paid.

NOTE: In order to avoid processing delays, please ensure that the amount of income, as indicated on this Certification Form, matches the income tax documentation submitted with the ETTRA claim. Failure to do so will result in your claim being returned without action until you provide a corrected claim and/or additional documentation to support the claim.