

## RELOCATION INCOME TAX ALLOWANCE (RITA) AND WITHHOLDING TAX ALLOWANCE (WTA)

*What is it?*

### WTA:

- o an estimated partial payment (advance) of the Relocation Income Tax (RIT)
- o the amount equal to the Federal withholding tax obligation incurred on covered taxable moving expense payments
- o treated as a moving expense, reported as income, and reflected on the employee's W-2
- o included in the detailed breakdown of payments made for moving expenses; provided to the employee at the end of the calendar year in which relocation payments were made
- o does not cover state and/or local tax withholding liability

### RITA:

- o authorized for employees transferred on or after November 14, 1983
- o the amount of payment required to cover substantially all of the **estimated** additional federal and state tax liability incurred as a result of the covered moving expense reimbursements received
- o reflected on the employee's W-2 in the year the RITA was paid
- o subject to withholding tax (Federal, FICA, and Medicare)
- o included in the detailed breakdown of payments made for moving expenses; provided to the employee at the end of the calendar year in which relocation payments were made

*Guidelines -*

- o Taxable and non-taxable items:
  - Taxable:
    - househunting
    - en route meals
    - temporary quarters
    - real estate expenses paid directly to the employee
    - miscellaneous expense
    - additional storage beyond 30 days of storage
    - relocation income tax
    - withholding tax
    - nontemporary storage
    - additional days of storage paid directly to the employee

Non-Taxable:

- en route lodging and transportation
- shipment of household goods
- first 30 days of storage
- non temporary storage

*Reimbursement -*

WTA:

- o WTA will be calculated and paid on each taxable entitlement by the Travel Division.
- o WTA will be calculated as .388889 multiplied by the amount of the taxable items.
- o Audited copy of the voucher will be mailed to the employee along with an enclosure indicating the amount calculated for WTA and taxes withheld (see Attachment 10).

RITA:

Employees will be notified by the Travel Division, CAP Center, by mail, during the first quarter of the calendar year if eligible for a RITA. Employees will be required to return the following:

- W-2 forms and/or SE Form 1040 (self employment), if applicable, for you and your spouse
- signed travel voucher
- certification statement

The RITA amount will be calculated by the CAP Center and payment will be issued or travelers billed for any excess. If the RITA claim is not received, the entire WTA paid during the year will be considered an excess payment.

The following is an example of the documents mailed to all employees eligible for a RITA.

<b>TRAVEL VOUCHER</b> <i>(Read the Privacy Act Statement on the back)</i>	1. DEPARTMENT OR ESTABLISHMENT, BUREAU DIVISION OR OFFICE	2. TYPE OF TRAVEL <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/> PERMANENT CHANGE OF STATION	3. VOUCHER NO.	
			4. SCHEDULE NO.	
<b>TRAVELER'S</b>	5. a. NAME (Last, first, middle initial)		6. SOCIAL SECURITY NO.	
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NO.	
	e. PRESENT DUTY STATION		f. RESIDENCE (City and State)	
			7. TRAVEL AUTHORIZATION a. NUMBER(S)      b. DATE(S)	
8. TRAVEL ADVANCE		9. CASH PAYMENT RECEIPT		10. CHECK NO.
a. Outstanding		a. DATE RECEIVED		11. PAID BY
b. Amount to be applied		b. AMOUNT RECEIVED		
c. Amount due Government (Attached: <input type="checkbox"/> Check <input type="checkbox"/> Cash)		c. PAYEE'S SIGNATURE		
d. Balance outstanding				
12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupons; if cash is used show claim on reverse side.)		I hereby assign to the United States any right I may have against any parties in connection with reimbursable transportation charges described below, purchased under cash payment procedures (FPMR 101-7)		
		Traveler's Initials		
		<b>POINTS OF TRAVEL</b>		
		AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE, CLASS OF SERVICE AND ACCOMMODATIONS (c)
		DATE ISSUED (d)	FROM (e)	TO (f)
13. 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. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher.		DATE		AMOUNT CLAIMED \$
TRAVELER SIGN HERE				
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).				
14. This voucher is approved. Long distance telephone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (37 U.S.C. 680a).)		17. FOR FINANCE OFFICE USE ONLY COMPUTATION		
APPROVING OFFICIAL SIGN HERE		DATE		\$
18. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION		b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION		
a. VOUCHER NO.	b. D.O. SYMBOL	c. MONTH & YEAR	Certifier's initials: \$	
16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT		c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$		
AUTHORIZED CERTIFYING OFFICIAL SIGN HERE		DATE		
ACCOUNTING CLASSIFICATION		d. NET TO TRAVELER \$		

Complete this information if this is a continuation sheet.

TRAVEL AUTHORIZATION NO

TRAVELER'S LAST NAME

**SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED**

**INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)**  
 (a) If the objective includes per diem allowances for members of employer's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization).  
 (b) If the objective includes per diem allowances for only actual expense traveler.  
 (c) Show amount incurred in meal, including tax and tips, and daily total meal cost.  
 (d) Show expenses, such as laundry, cleaning and pressing of clothes, tips in hotels, passers, etc. (other than for meals).  
 (e) Complete for per diem and actual expense travel.  
 (f) Show total subsistence expense incurred for actual expense travel.  
 (g) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (f) or maximum rate.  
 (h) Show expenses, such as taxi/limousine fares, air fare if purchased with cash, long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.

DATE	TIME (Hour and amount)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanation of expense)	ITEMIZED SUBSISTENCE EXPENSES					MILEAGE RATE	MILEAGE	SUBSISTENCE	OTHER	AMOUNT CLAIMED
			BREAK FAST (a)	LUNCH (b)	DINNER (c)	TOTAL (d)	MISCELLANEOUS SUBSIS TEND (e)					
		TO CLAIM RITA FOR THE YEAR 199 - THE RITA CERTIFICATION AND REQUIRED SUPPORTING INCOME DOCUMENTATION ARE ATTACHED. THE RITA AMOUNT IS TO BE CALCULATED BY THE CAPITAL ACCOUNTING CENTER.										
<b>SUBTOTALS</b>												
<b>TOTALS</b>												

If additional space is required, continue on another SF 1012-A BACK leaving the front blank.

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101.71, E.O. 11809 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 8011(b) and 8109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expense incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil

criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by the agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397 November 22, 1943, for use as a tax payer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances. However, failure to provide the information (other than SSN) required to support the claim may result in delay of reimbursement.

Enter grand total of columns (f), (g), and (h), below and in item 13 on the front of this form.

**TOTAL AMOUNT CLAIMED**







## TRAVEL MANAGEMENT POLICY

Complete Table of Contents

[Return to Chapter 302  
Table of Contents](#)

[Return to FTR  
Table of Content](#)

### PART 302-11--RELOCATION INCOME TAX (RIT) ALLOWANCE

Sec.

- [302-11.1](#) Authority.
- [302-11.2](#) Coverage.
- [302-11.3](#) Types of moving expenses or allowances covered and general limitations.
- [302-11.4](#) Exclusions from coverage.
- [302-11.5](#) Definitions and discussion of terms.
- [302-11.6](#) Procedures in general.
- [302-11.7](#) Procedures for determining the WTA in Year 1.
- [302-11.8](#) Rules and procedures for determining the RIT allowance in Year 2.
- [302-11.9](#) Responsibilities.
- [302-11.10](#) Claims for payment and supporting documentation and verification.
- [302-11.11](#) Violation of service agreement.
- [302-11.12](#) Advance of funds.
- [302-11.13](#) Source references.

NOTE: The following Appendixes are not on the Internet version. You should check with your agency travel coordinator for an official copy.

- Appendix A to Part 302-11 --Federal Tax Tables for RIT Allowance
- Appendix B to Part 302-11 --State Tax Tables for RIT Allowance
- Appendix C to Part 302-11 --Federal Tax Tables for RIT Allowance--Year 2
- Appendix D to Part 302-11 --Puerto Rico Tax Tables for RIT Allowance

Amendment 71 to the Federal Travel Regulation adds additional RIT Tables. Click below for the Federal Register published versions: [63 FR 14637-14639](#), effective January 1, 1998.

**Authority:** 5 U.S.C. 5738; 20 U.S.C. 905(a); E.O. 11609, 36 FR 13747, 3 CFR, 1971-1975 Comp., p. 586.

**Revised -- FTR Amd. 84**

**Effective May 28, 1999**

[Return to Top of Chapter 302-11](#)

[Return to FTR Table of Content](#)

# Federal Travel Regulation

44 CFR 302-304  
Consolidated Edition  
1990

# Federal Travel Regulation

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