## REQUEST FOR REIMBURSEMENT OF RELOCATION EXPENSES

Employee Name $\qquad$ Title $\qquad$

Department $\qquad$ Date of Hire $\qquad$

## Tax Treatment of Moving Expenses:

Moving expense reimbursements are considered to be wages by the Internal Revenue Service and are determined taxable income.Approved expenses are reimbursed through Payroll. Relocation expenses must meet the following criteria::

1. Distance Test, this is met if:

Your new work location is at least 50 miles farther from your former residence than your former work location was from your former residence. For example, if your prior work location was 3 miles from your former residence, your new work location must be at least 53 miles from that former residence.
2. Time Test, this is met if:

During the 12-month period immediately following the move, the taxpayer must expect to be employed full-time for at least 39 weeks.
3. The move must be in connection with the commencement of work at the new location, and the expenses are incurred within one year from the date you first report to work.

For detailed information on moving expenses, please refer to www.irs.gov/pub/irs-pdf/p521.pdf. My signature below indicates that my move MEETS or is expected to meet all three listed above.
Employee Signature

Date

Qualified Expenses (Taxable)

| Transportation of Household Goods |  |
| :---: | :---: |
| Common Carrier | \$ |
| Moving Truck Rental (for self-moves) | \$ |
| Moving Truck Fuel | \$ |
| Insurance on Personal Possessions in Transit | \$ |
| Labor to Pack and Move Personal Possessions (up to a maximum of \$500) | \$ |
| Packing Supplies | \$ |
| Temporary Storage (30 days or less) | \$ |
| Subtotal - Transportation of Goods | \$ |
| Travel to New Residence (Final Move) |  |
| Air or Train Fare: No. Passengers (Spouse \& Dependents only) $\qquad$ x Airfare per Person \$ $\qquad$ | \$ |
| Rental Car | \$ |
| Rental Car Fuel | \$ |
| Travel by Personal Vehicle: Miles __ x Rate \$0.22 (IRS Standard Mileage Rate for moving) | \$ |
| Tolls, Parking, Shuttle Service | \$ |
| Lodging: No. of Nights ___ x Average Rate / Night \$ ___ | \$ |
| Subtotal - Travel | \$ |
| TOTAL QUALIFIED EXPENSES | \$ |

