

TAXATION FOR COMMUTING IN GOVERNMENT - PROVIDED VEHICLE

REPORTING PERIOD

to

Employee's Name:

Title:

District:

Location:

	November	December	January	February	March	April	May	June	July	August	September	October
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Sub.												

Total:

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT.

Employee's Signature:	Date:	Certifying Officers Signature:	Date:
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TAXATION FOR COMMUTING IN GOVERNMENT - PROVIDED VEHICLE

Employee's Name:	Title:	Employee HRMIS ID Number:
District:	Office Location:	

**ADMINISTRATIVE OFFICE OF THE
UNITED STATES COURTS
PAYROLL SERVICES BRANCH, SUITE 5-560
WASHINGTON, D.C. 20544**

PLEASE FAX COMPLETED FORM TO 202-502-3255 OR EMAIL TO: PSB_TaxReporting@ao.uscourts.gov

This report covers the total taxable benefit for the usage of a government vehicle for this reporting period:
_____ to _____

To determine the total amount of Taxable Benefit, multiply the number of commutes by the current value of the commute. (Please refer to the memorandum entitled "Taxation for Commuting in Government Provided Vehicle.")

TOTAL AMOUNT OF TAXABLE BENEFIT: \$ _____