

# SmartVoucher Guide

## Junior Soldiers

2021



Army Military Pay Office, Fort Drum New York

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# FT. DRUM AMPO INPROCESSING PACKET

You will complete your in-processing via the Smart Voucher program which can be accessed on the MyPay website under Quick Links.

To further assist you we have attached information: Finance Information Brief, how to complete Smart Voucher, and how to complete TLE.

Please utilize the below checklist to ensure that all documents are attached to your travel voucher via Smart Voucher Program.

- Y All Soldiers incoming from the MEPS, National Guard, or Reserve, please complete the **Accession Packet** below with your **calculated 1506** from your **Career Counselor** and bring **completed packet to A2-6 Finance Office 2<sup>nd</sup> Floor for processing.**
- Y All Soldiers with **Enlistment Bonus (Not Re-Enlistment Bonus)** will submit the following documents at the time of In-Processing: **Contracts, 4/1, 4/2, 4/3, MOS Orders or Copy of Diploma** and all pages of the **Annex B (Not Annex A).**
- Y **Travel Voucher (DD-1351-2)** (is created and submitted through **Smart Voucher**)
- Y **PCS Orders** (including all amendments, DD 1610 for TDY (If applicable))
- Y **PCS Leave Form (DA-31)** **Ensure blocks 1-16** are completed
- Y **Temporary Lodging Expense (TLE DFAS 9098 attached)** for ten **(10) days** hotel lodging to Include **zero balance itemized receipt.** For all members with dependents or single Staff Sergeants and above who lodged **in empty house/apartment/stayed with family or friend within 50 miles of the losing or gaining installation,** you will receive ten **(10) days** paid for meals and incidentals only.
- Y **Temporary Lodging Allowance – Housing approval, zero balance receipt** (if coming from oversea location)
- Y Any orders for **specialty pay entitlement(s),** (if applicable)

*QUESTIONS? Please call between 1000-1500 hours Mon, Wed & Fri*

*DSN 772-5421/7832 or CIV 315-772-5421/7832*

# ACCESSION PACKET

- \_\_\_\_\_ ORDERS TO ACTIVE DUTY
- \_\_\_\_\_ ENLISTMENT CONTRACT (4/1 & 4/2) \*ENLISTED ONLY\*
- \_\_\_\_\_ DA-31 LEAVE FORM or MFR (STATEMENT OF ARRIVAL)
- \_\_\_\_\_ SF-1199A DIRECT DEPOSIT SIGN-UP FORM
- \_\_\_\_\_ DD-3685 JUMPS PAY ELECTION FORM
- \_\_\_\_\_ DD-2058 STATE OF LEGAL RESIDENCE
- \_\_\_\_\_ DD-1351-2 TRAVEL VOUCHER
- \_\_\_\_\_ CLOTHING STATEMENT (OFFICERS ONLY)
- \_\_\_\_\_ OATH OF OFFICE (OFFICERS ONLY)
- \_\_\_\_\_ DD-2366 G.I. BILL ENROLLMENT
- \_\_\_\_\_ SGLV 8286E (SGLI) AND DD-93 (SEE S-1)
- \_\_\_\_\_ W-4 FEDERAL TAX WITHHOLDING
- \_\_\_\_\_ DD-1506 STATEMENT OF SERVICE (SEE CAREER COUNSELOR)

(Supporting documentation required – DD-214 / NGB-22)

**\* SUBMIT COMPLETED PACKETS TO FINANCE – CLARK HALL ROOM A2-6 \***

**DA-5960 – BAH RECERTIFICATION FORM NEEDS TO BE CERTIFIED BY  
COMMANDER AND SUBMITTED TO BATTALION S-1**

**F A S T S T A R T**

**DIRECT DEPOSIT**

**INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS**

*Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.*

**1. EMPLOYEE INFORMATION**

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME  
(as on payroll records)   
(Last, First, Initials)

TELEPHONE NUMBER (WORK)  (HOME)

**2. TYPE OF ACCOUNT**

Checking  
 Savings

**TYPE OF PAYMENT**

Net Pay  
 Travel  
 Other Federal employment related payments

**3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)**  
A voided personal check/sharedraft may be attached in lieu of completing this section.  
See instructions on back of this form.

ROUTING TRANSIT NUMBER   Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE  
(Account Holder's Name) \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

**4. ALLOTMENT INFORMATION**  
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

| TYPE OF ALLOTMENT<br>(Check One)                             | TYPE OF ACCOUNT<br>(Check One)    | ACTION<br>(Check One)           | AMOUNT<br>(Check One)                 |
|--|-----------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Savings (whole dollar amounts only) | <input type="checkbox"/> SAVINGS  | <input type="checkbox"/> START  | <input type="checkbox"/> INCREASE TO: |
| <input type="checkbox"/> Discretionary or Third Party        | <input type="checkbox"/> CHECKING | <input type="checkbox"/> CANCEL | <input type="checkbox"/> DECREASE TO: |
|  |                                   | <input type="checkbox"/> CHANGE | New Total \$ _____                    |

ALLOTTEE NAME  
(person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER   Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE  
(Account Holder's Name) \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

**5. AUTHORIZATION**

\* \_\_\_\_\_  
EMPLOYEE'S SIGNATURE DATE

**6. AGENCY USE:**

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

- 1. EMPLOYEE INFORMATION (always complete this section)
- 2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
- 3. DIRECT DEPOSIT ACCOUNT INFORMATION
  - ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
  - ACCOUNT NUMBER (your account number at your financial institution)
  - ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
  - FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

The diagram shows a check with the following fields and callouts:

- 3**: NAME OF DEPOSITOR, STREET ADDRESS, CITY, STATE
- 101**: (Top right corner)
- 19**: (Date)
- PAY TO THE ORDER OF:** (Payee name)
- \$** [ ] **DOLLARS**: (Amount)
- 4**: NAME OF YOUR BANK
- 5**: Payable Through Another Bank
- For**: (Payee name)
- 1**: ROUTING NUMBER (021001082)
- 2**: ACCOUNT NUMBER (123 456 789)
- CHECK NUMBER**: (0101)

- 1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
- 2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol. (Include dashes where the symbol **■ ■ ■** appears on the check or card.)
- 3. ACCOUNT TITLE (must include employee name)
- 4. FINANCIAL INSTITUTION NAME
- 5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.)

Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)

ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)

AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.

ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.

ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.

FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.

## JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

### PRIVACY ACT STATEMENT

**Authority:** Title 37 USC, Section 101.  
**Principal Purpose:** To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.  
**Routine Use:** To establish the pay account of the MMPF.  
**Disclosure:** Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

|   |  |   |  |
|---|--|---|--|
| <b>1. HOW DO YOU WANT TO BE PAID? (X one item.)</b>   |  | <b>2. METHOD OF PAYMENT (X one item.)</b> |  |
| <input type="checkbox"/>  | a. Once a Month  | <input type="checkbox"/>                  | a. Sure Pay/Direct Deposit (Complete Section 4.)   |
| <input type="checkbox"/>  | b. Twice a Month   | <input type="checkbox"/>                  | b. Check to Address (Complete 5.)  |
| <b>3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)</b> |  |   | b. SPECIFY AMOUNT  |
| <input type="checkbox"/>  | a. If a held pay amount is also desired, check box and enter amount. | \$  |  |
| <b>4. SURE PAY/DIRECT DEPOSIT (X one box.)</b>  |  |   |  |
| <input type="checkbox"/>  | a. SF 1199A attached. (Complete items (1) through (5)).              | <input type="checkbox"/>                  | b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)). |
| (1) NAME OF FINANCIAL ORGANIZATION  |  |   |  |
| (2) SAVINGS OR CHECKING ACCOUNT NO  |  | (3) NAME OF ACCOUNT HOLDER                |  |
| (4) STREET NO., RR NO., P.O. BOX  |  | (5) CITY, STATE, ZIP CODE (Or Country)    |  |
| <b>5. CHECK TO ADDRESS (Provide complete mailing address.)</b>  |  |   |  |
| a. STREET NO., RR NO., P.O. BOX   |  |   |  |
| b. CITY   | c. STATE   | d. ZIP CODE                               | e. COUNTRY   |
| <b>6. REMARKS</b>   |  |   |  |
| <b>7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.</b>  |  |   |  |
| a. TYPED OR PRINTED NAME  |  | e. NAME AND ADDRESS OF ORGANIZATION       |  |
| b. SSN  |  |   |  |
| c. SIGNATURE  | d. DATE  |   |  |

# STATE OF LEGAL RESIDENCE CERTIFICATE

## PRIVACY ACT STATEMENT

**AUTHORITY:** 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.

**PURPOSE:** Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

**ROUTINE USES:** Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/DFAS-Article-List/>. MO1040-3, Marine Corps Manpower Management Information System Records, located at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/>.

**DISCLOSURE:** Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.

1. NAME (Last, First, Middle Initial)

2. DOD ID NUMBER

3. LEGAL RESIDENCE/DOMICILE (City or county and State)

## INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

4. SIGNATURE OF APPLICANT

5. CURRENT MAILING ADDRESS (Include Zip Code)

6. DATE (YYMMDD)

**MONTGOMERY GI BILL ACT OF 1984 (MGIB)***(Chapter 30, Title 38, U.S. Code)***BASIC ENROLLMENT****PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and Public Law 110-252.**PRINCIPAL PURPOSE(S):** To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.**ROUTINE USE(S):** To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.**1. SERVICE MEMBER DATA**

|  |                         |
|--|-------------------------|
| <b>a. NAME</b> (LAST, First, Middle Initial) | <b>b. DoD ID NUMBER</b> |
|--|-------------------------|

**2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS**

I am NOT eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

|                                    |                      |                                  |
|------------------------------------|----------------------|----------------------------------|
| <b>a. SERVICE MEMBER SIGNATURE</b> | <b>b. RANK/GRADE</b> | <b>c. DATE SIGNED</b> (YYYYMMDD) |
|------------------------------------|----------------------|----------------------------------|

**3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS**

- (1) I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.
- (2) **UNLESS I DISENROLL** from the MGIB, my basic pay will be reduced \$100 per month, or the current monthly rate, until \$1,200 has been deducted. This basic pay reduction is required for eligibility under the MGIB.
- (3) If I decide to convert my eligibility to the Post-9/11 GI Bill after attaining eligibility for that program and before the entire \$1,200 is reduced, I may elect to have the pay reduction stopped effective the month following the election. By doing so, I will lose all MGIB eligibility. This decision is irrevocable. I will be eligible for a refund of the pay reduction if I exhaust entitlement to that program. The refund will be added to the monthly stipend allowance paid in the last month of eligibility under the Post-9/11 GI Bill. If I do not exhaust entitlement under the Post-9/11 GI Bill, I will not receive a refund of the pay reduction.
- (4) If I decide to convert my eligibility to the Post-9/11 GI Bill after attaining eligibility for that program and after the entire \$1,200 is reduced whose pay was reduced under the provisions of sections 3011(b) or 3012(c) of Reference (b), will receive a refund of that pay reduction subject to the following:
  - (a) a full refund for an individual who used no months of benefit under the MGIB.
  - (b) a refund reduced by a proportion calculated by the number of months of MGIB benefits remaining at the time of election divided by 36.
  - (c) The refund will be added to the monthly stipend allowance paid in the last month of eligibility under the Post-9/11 GI Bill. If I do not exhaust entitlement under the Post-9/11 GI Bill, I will not receive a refund of the pay reduction.
- (5) I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
- (6) I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute. This benefit may only be used with this program. If I convert to Post-9/11, I WILL NOT receive a refund of the \$600.
- (7) I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include "under honorable conditions".
- (8) I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
- (9) I have 10 years from date of last discharge from active duty to use MGIB benefits.
- (10) If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
- (11) I cannot receive any combination of DVA educational benefits in excess of 48 months.
- (12) I must complete at least 24 months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

|                                    |                      |                                  |
|------------------------------------|----------------------|----------------------------------|
| <b>a. SERVICE MEMBER SIGNATURE</b> | <b>b. RANK/GRADE</b> | <b>c. DATE SIGNED</b> (YYYYMMDD) |
|------------------------------------|----------------------|----------------------------------|

**4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS****5. STATEMENT OF DISENROLLMENT**

I **DO NOT** desire to participate in MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

|                                  |                      |                                    |
|----------------------------------|----------------------|------------------------------------|
| <b>a. DATE SIGNED</b> (YYYYMMDD) | <b>b. RANK/GRADE</b> | <b>c. SERVICE MEMBER SIGNATURE</b> |
|----------------------------------|----------------------|------------------------------------|

**6. CERTIFYING OFFICIAL**

|   |                      |                     |                                  |
|---|----------------------|---------------------|----------------------------------|
| <b>a. TYPED OR PRINTED NAME</b> (LAST, First, Middle Initial) | <b>b. RANK/GRADE</b> | <b>c. SIGNATURE</b> | <b>d. DATE SIGNED</b> (YYYYMMDD) |
|---|----------------------|---------------------|----------------------------------|



# Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

# 2021

|   |  |           |   |
|---|--|-----------|---|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial  | Last name | (b) Social security number  |
|   | Address  |           | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code  |           |   |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |   |

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:** Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

|   |   |             |          |
|---|---|-------------|----------|
| <b>Step 3:</b><br><b>Claim Dependents</b>             | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):   |             |          |
|   | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____   |             |          |
|   | Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____   |             |          |
|   | Add the amounts above and enter the total here . . . . .  | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional):</b><br><b>Other Adjustments</b> | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | <b>4(a)</b> | \$ _____ |
|   | (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | <b>4(b)</b> | \$ _____ |
|   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ _____ |

|                                    |  |  |      |
|------------------------------------|--|--|------|
| <b>Step 5:</b><br><b>Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |  |      |
|                                    | ▶ _____ ▶  |  | Date |
|                                    | Employee's signature (This form is not valid unless you sign it.)  |  |      |

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b) – Multiple Jobs Worksheet** *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** *(Keep for your records.)*



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
  
- 2 Enter: 

|   |   |
|---|---|
| { | • \$25,100 if you're married filing jointly or qualifying widow(er) |
|   | • \$18,800 if you're head of household                              |
|   | • \$12,550 if you're single or married filing separately            |

 . . . . . **2** \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
  
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$190             | \$850             | \$890             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,100           | \$1,870             | \$1,870             |
| \$10,000 - 19,999                              | 190   | 1,190             | 1,890             | 2,090             | 2,220             | 2,220             | 2,220             | 2,220             | 2,300             | 3,300             | 4,070               | 4,070               |
| \$20,000 - 29,999                              | 850   | 1,890             | 2,750             | 2,950             | 3,080             | 3,080             | 3,080             | 3,160             | 4,160             | 5,160             | 5,930               | 5,930               |
| \$30,000 - 39,999                              | 890   | 2,090             | 2,950             | 3,150             | 3,280             | 3,280             | 3,360             | 4,360             | 5,360             | 6,360             | 7,130               | 7,130               |
| \$40,000 - 49,999                              | 1,020   | 2,220             | 3,080             | 3,280             | 3,410             | 3,490             | 4,490             | 5,490             | 6,490             | 7,490             | 8,260               | 8,260               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,080             | 3,280             | 3,490             | 4,490             | 5,490             | 6,490             | 7,490             | 8,490             | 9,260               | 9,260               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,080             | 3,360             | 4,490             | 5,490             | 6,490             | 7,490             | 8,490             | 9,490             | 10,260              | 10,260              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,160             | 4,360             | 5,490             | 6,490             | 7,490             | 8,490             | 9,490             | 10,490            | 11,260              | 11,260              |
| \$80,000 - 99,999                              | 1,020   | 3,150             | 5,010             | 6,210             | 7,340             | 8,340             | 9,340             | 10,340            | 11,340            | 12,340            | 13,260              | 13,460              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 5,930             | 7,130             | 8,260             | 9,320             | 10,520            | 11,720            | 12,920            | 14,120            | 15,090              | 15,290              |
| \$150,000 - 239,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,430            | 11,630            | 12,830            | 14,030            | 15,230            | 16,190              | 16,400              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,430            | 11,630            | 12,830            | 14,030            | 15,270            | 17,040              | 18,040              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,430            | 11,630            | 12,870            | 14,870            | 16,870            | 18,640              | 19,640              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,500             | 7,900             | 9,230             | 10,470            | 12,470            | 14,470            | 16,470            | 18,470            | 20,240              | 21,240              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,500             | 7,940             | 10,070            | 12,070            | 14,070            | 16,070            | 18,070            | 20,070            | 21,840              | 22,840              |
| \$320,000 - 364,999                            | 2,720   | 5,920             | 8,780             | 10,980            | 13,110            | 15,110            | 17,110            | 19,110            | 21,190            | 23,490            | 25,560              | 26,860              |
| \$365,000 - 524,999                            | 2,970   | 6,470             | 9,630             | 12,130            | 14,560            | 16,860            | 19,160            | 21,460            | 23,760            | 26,060            | 28,130              | 29,430              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,200            | 12,900            | 15,530            | 18,030            | 20,530            | 23,030            | 25,530            | 28,030            | 30,300              | 31,800              |

**Single or Married Filing Separately**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$440   | \$940             | \$1,020           | \$1,020           | \$1,410           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$2,030           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 940   | 1,540             | 1,620             | 2,020             | 3,020             | 3,470             | 3,470             | 3,470             | 3,640             | 3,840             | 3,840               | 3,840               |
| \$20,000 - 29,999                              | 1,020   | 1,620             | 2,100             | 3,100             | 4,100             | 4,550             | 4,550             | 4,720             | 4,920             | 5,120             | 5,120               | 5,120               |
| \$30,000 - 39,999                              | 1,020   | 2,020             | 3,100             | 4,100             | 5,100             | 5,550             | 5,720             | 5,920             | 6,120             | 6,320             | 6,320               | 6,320               |
| \$40,000 - 59,999                              | 1,870   | 3,470             | 4,550             | 5,550             | 6,690             | 7,340             | 7,540             | 7,740             | 7,940             | 8,140             | 8,150               | 8,150               |
| \$60,000 - 79,999                              | 1,870   | 3,470             | 4,690             | 5,890             | 7,090             | 7,740             | 7,940             | 8,140             | 8,340             | 8,540             | 9,190               | 9,990               |
| \$80,000 - 99,999                              | 2,000   | 3,810             | 5,090             | 6,290             | 7,490             | 8,140             | 8,340             | 8,540             | 9,390             | 10,390            | 11,190              | 11,990              |
| \$100,000 - 124,999                            | 2,040   | 3,840             | 5,120             | 6,320             | 7,520             | 8,360             | 9,360             | 10,360            | 11,360            | 12,360            | 13,410              | 14,510              |
| \$125,000 - 149,999                            | 2,040   | 3,840             | 5,120             | 6,910             | 8,910             | 10,360            | 11,360            | 12,450            | 13,750            | 15,050            | 16,160              | 17,260              |
| \$150,000 - 174,999                            | 2,220   | 4,830             | 6,910             | 8,910             | 10,910            | 12,600            | 13,900            | 15,200            | 16,500            | 17,800            | 18,910              | 20,010              |
| \$175,000 - 199,999                            | 2,720   | 5,320             | 7,490             | 9,790             | 12,090            | 13,850            | 15,150            | 16,450            | 17,750            | 19,050            | 20,150              | 21,250              |
| \$200,000 - 249,999                            | 2,970   | 5,880             | 8,260             | 10,560            | 12,860            | 14,620            | 15,920            | 17,220            | 18,520            | 19,820            | 20,930              | 22,030              |
| \$250,000 - 399,999                            | 2,970   | 5,880             | 8,260             | 10,560            | 12,860            | 14,620            | 15,920            | 17,220            | 18,520            | 19,820            | 20,930              | 22,030              |
| \$400,000 - 449,999                            | 2,970   | 5,880             | 8,260             | 10,560            | 12,860            | 14,620            | 15,920            | 17,220            | 18,520            | 19,910            | 21,220              | 22,520              |
| \$450,000 and over                             | 3,140   | 6,250             | 8,830             | 11,330            | 13,830            | 15,790            | 17,290            | 18,790            | 20,290            | 21,790            | 23,100              | 24,400              |

**Head of Household**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$820             | \$930             | \$1,020           | \$1,020           | \$1,020           | \$1,420           | \$1,870           | \$1,870           | \$1,910           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 820   | 1,900             | 2,130             | 2,220             | 2,220             | 2,620             | 3,620             | 4,070             | 4,110             | 4,310             | 4,440               | 4,440               |
| \$20,000 - 29,999                              | 930   | 2,130             | 2,360             | 2,450             | 2,850             | 3,850             | 4,850             | 5,340             | 5,540             | 5,740             | 5,870               | 5,870               |
| \$30,000 - 39,999                              | 1,020   | 2,220             | 2,450             | 2,940             | 3,940             | 4,940             | 5,980             | 6,630             | 6,830             | 7,030             | 7,160               | 7,160               |
| \$40,000 - 59,999                              | 1,020   | 2,470             | 3,700             | 4,790             | 5,800             | 7,000             | 8,200             | 8,850             | 9,050             | 9,250             | 9,380               | 9,380               |
| \$60,000 - 79,999                              | 1,870   | 4,070             | 5,310             | 6,600             | 7,800             | 9,000             | 10,200            | 10,850            | 11,050            | 11,250            | 11,520              | 12,320              |
| \$80,000 - 99,999                              | 1,880   | 4,280             | 5,710             | 7,000             | 8,200             | 9,400             | 10,600            | 11,250            | 11,590            | 12,590            | 13,520              | 14,320              |
| \$100,000 - 124,999                            | 2,040   | 4,440             | 5,870             | 7,160             | 8,360             | 9,560             | 11,240            | 12,690            | 13,690            | 14,690            | 15,670              | 16,770              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 5,870             | 7,240             | 9,240             | 11,240            | 13,240            | 14,690            | 15,890            | 17,190            | 18,420              | 19,520              |
| \$150,000 - 174,999                            | 2,040   | 4,920             | 7,150             | 9,240             | 11,240            | 13,290            | 15,590            | 17,340            | 18,640            | 19,940            | 21,170              | 22,270              |
| \$175,000 - 199,999                            | 2,720   | 5,920             | 8,150             | 10,440            | 12,740            | 15,040            | 17,340            | 19,090            | 20,390            | 21,690            | 22,920              | 24,020              |
| \$200,000 - 249,999                            | 2,970   | 6,470             | 9,000             | 11,390            | 13,690            | 15,990            | 18,290            | 20,040            | 21,340            | 22,640            | 23,880              | 24,980              |
| \$250,000 - 349,999                            | 2,970   | 6,470             | 9,000             | 11,390            | 13,690            | 15,990            | 18,290            | 20,040            | 21,340            | 22,640            | 23,880              | 24,980              |
| \$350,000 - 449,999                            | 2,970   | 6,470             | 9,000             | 11,390            | 13,690            | 15,990            | 18,290            | 20,040            | 21,340            | 22,640            | 23,900              | 25,200              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,570             | 12,160            | 14,660            | 17,160            | 19,660            | 21,610            | 23,110            | 24,610            | 26,050              | 27,350              |



# THRIFT SAVINGS PLAN ELECTION FORM

# TSP-U-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP). Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP.** That office should return a copy to you after completing Section V. **Note:** To choose your investment funds, see the instructions in the General Information section on the back of this form.

## I. INFORMATION ABOUT YOU

1. \_\_\_\_\_  
Name (Last) (First) (Middle)

2. \_\_\_\_\_  
Mailing Address (may be APO or FPO) City State Zip Code

3. \_\_\_\_\_ 4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number Daytime Phone (Area Code and Number)

5. \_\_\_\_/\_\_\_\_/\_\_\_\_ 6. \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Office Identification (Service and Organization)

## II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel all previous elections.

To start or change the amount of your contributions, enter in Items 7–10 the percentage of your pay each pay period that you want as traditional (pre-tax) contributions. Enter in Items 11–14 the percentage of your pay each pay period that you want as Roth (after-tax) contributions. **Note:** You **must** elect to contribute at least 1% of basic pay (or its equivalent) to be eligible to contribute from your other types of pay (see instructions). **Remember:** A blank line next to a type of contribution equals 0% contributed.

### Traditional (Pre-Tax) Contributions All Services

Basic Pay 7. \_\_\_\_\_ .0%

Incentive Pay 8. \_\_\_\_\_ .0%

Special Pay 9. \_\_\_\_\_ .0%

Bonus Pay 10. \_\_\_\_\_ .0%

### Roth (After-Tax) Contributions All Services

11. \_\_\_\_\_ .0%

12. \_\_\_\_\_ .0%

13. \_\_\_\_\_ .0%

14. \_\_\_\_\_ .0%

## III. STOP YOUR CONTRIBUTIONS

When you stop your contributions from basic pay, contributions from incentive, special, and bonus pay will also stop.

To stop all contributions to the TSP, check Item 15 or 19 (or both, as applicable). If you want to stop only your contributions from incentive pay, special pay, or bonus pay, check the appropriate box(es). Your contributions will stop no later than the first full pay period after your service receives this form. See the instructions for this section for information about stopping automatic contributions.

### Stop My Traditional Contributions

15.  From basic pay

16.  From incentive pay

17.  From special pay

18.  From bonus pay

### Stop My Roth Contributions

19.  From basic pay

20.  From incentive pay

21.  From special pay

22.  From bonus pay

## IV. SIGNATURE

23. \_\_\_\_\_ 24. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Participant's Signature Date Signed (mm/dd/yyyy)

## V. FOR SERVICE USE ONLY

25. \_\_\_\_\_ 26. \_\_\_\_/\_\_\_\_/\_\_\_\_ 27. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)

28. \_\_\_\_\_  
Signature of Service Official

**PRIVACY ACT NOTICE.** We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. Your service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other federal agencies for statistical, auditing, or archiving purposes. The information may also be shared with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order.

It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. Relevant portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.

**ORIGINAL TO PERSONNEL FOLDER**  
Provide a copy to the member and to the Payroll/Finance Office.

Form TSP-U-1 (1/2019)  
PREVIOUS EDITIONS OBSOLETE

## TSP-U-1, INFORMATION AND INSTRUCTIONS

### GENERAL INFORMATION

You may start, stop, or change your contributions at any time. Your TSP election will stay in effect until you submit another election or until you separate from the uniformed services. This form only applies to regular contributions. If you are age 50 or older and want to make catch-up contributions, use Form TSP-U-1-C, *Catch-Up Contribution Election*.

**Basic pay** for active duty is defined in 37 U.S.C. section 204; pay for the Ready Reserve (e.g., inactive duty for training (IDT) pay) is defined in 37 U.S.C. section 206. **Incentive pay** (e.g., flight pay, submarine pay, hazardous duty pay), **special pay** (e.g., medical and dental officer pay, hardship duty pay, career sea pay), and **bonus pay** (e.g., enlistment and reenlistment bonuses), are defined in 37 U.S.C. chapter 5. (Although bonus pay is a form of special pay, it is treated separately from special pay for TSP purposes.)

**Important note for new TSP participants:** If you are covered by the Blended Retirement System (BRS) and do not have a contribution allocation on file, all new contributions to your account will be invested in the Lifecycle (L) Fund most appropriate for your age unless you direct us to allocate your contributions differently. If you are not covered by BRS, all contributions to your account will be invested in the Government Securities Investment (G) Fund until you direct us to allocate your contributions differently. The TSP publication *Summary of the Thrift Savings Plan* describes all of your investment choices and discusses their risks and advantages. For more information, you can also obtain a copy of the TSP Fund Information sheets. (The most current versions of TSP forms and publications are available on the TSP website at [tsp.gov](http://tsp.gov).)

**To choose your investment fund(s)**, use the TSP website ([tsp.gov](http://tsp.gov)) or call the ThriftLine at 1-877-968-3778. Outside the U.S. and Canada, call 404-233-4400. On the TSP website, you will need your TSP account number (or user ID) and web password. Using the ThriftLine, you will need your TSP account number and your ThriftLine Personal Identification Number (PIN). If you are a new participant, your TSP account number, ThriftLine PIN, and web password will be mailed to you (separately) after your account has been established.

**If you change your address**, notify your service's personnel or benefits office that is responsible for your TSP enrollment so that your service can correct your records for your TSP account.

### SECTION I

Complete all items in this section. In Item 4, provide your daytime telephone number.

### SECTION II

Your choice will cancel and replace all previous elections.

#### Example

Previous Election:

|             |    |
|-------------|----|
| Traditional | 5% |
| Roth        | 2% |

New Election:

|             |     |
|-------------|-----|
| Traditional | 5%  |
| Roth        | 10% |

Complete this section to start or change the amount of your contributions. Whatever you enter in this section will cancel all previous elections; therefore, be sure to indicate exactly what percentages you want to contribute, even if part of your election has not changed (see the example in the margin). You can elect to make traditional (pre-tax) and Roth (after-tax) contributions simultaneously. **Traditional contributions** come out of your pay **before** taxes are calculated; you pay taxes on these contributions and their earnings when you withdraw them. (If the contributions were from tax-exempt pay, you will owe taxes only on the earnings at withdrawal.) **Roth contributions** are made with after-tax or tax-exempt money, and the earnings grow in your account tax-deferred. Withdrawals of Roth contributions are tax-free. The earnings associated with Roth contributions are also tax-free, but only if 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution, **and** you have reached age 59½, have a permanent disability, or have died.

**Your contribution election.** You must elect a percentage of your basic pay in Items 7 and/or 11 in order to be eligible to elect to contribute from incentive, special, and bonus pay (Items 8–10 and Items 12–14). You can then contribute from 1% to 100% of these other types of pay, even if you are not currently receiving them; your election will cover future payments to which you become entitled.

**Tax-exempt contributions.** Your pay earned while serving in a combat zone is tax-exempt. If you elect to make Roth contributions from this type of basic pay (Item 11), the earnings on your contributions will also be tax-free when you withdraw them (if you qualify). If you elect to make traditional contributions from your basic pay (Item 7), you will have to pay taxes on the earnings when you withdraw them.

**Contribution limits.** The Internal Revenue Code (IRC) limits contributions to your TSP account. The **402(g) annual elective deferral limit** is the maximum amount of pay you can contribute in a single year. It does not apply to traditional contributions from tax-exempt pay earned in a combat zone. The **415(c) annual additions limit** is the maximum amount per employer that can be contributed on your behalf in a single year, including all of your contributions from taxable and tax-exempt pay, as well as any contributions from your employer. (For 415(c) purposes, working for multiple federal agencies or services is considered having one employer.) **Note:** The 402(g) limit **does** apply to Roth contributions from tax-exempt pay; when you reach that limit these contributions stop. In such cases, if you want to continue contributing tax-exempt pay up to the 415(c) limit, you will need to submit a new Form TSP-U-1 electing traditional contributions. IRC limits may be adjusted annually. For the current limits, visit "Contribution Limits" at [tsp.gov](http://tsp.gov).

**IMPORTANT INSTRUCTIONS FOR SECTIONS III, IV, AND V ON NEXT PAGE**

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**SECTION III**

*Do not complete this section if you completed Section II.*

Complete this section to stop your contributions. If you do not make contributions from basic pay (see Items 15 and 19), your service will automatically stop your contributions from incentive pay and special pay, including bonus pay. However, you may stop contributing from incentive pay, special pay (except bonus pay), or bonus pay and still continue your contributions from basic pay. You may restart your contributions at any time.

**Note for members who receive automatic and matching contributions:** Your Service Automatic (1%) Contributions will continue after you stop your member contributions, but you will no longer receive valuable Service Matching Contributions. (If you restart your member contributions, the matching contributions will resume.)

**Important information for those who joined the uniformed services on or after January 1, 2018:** Your service automatically deducts 3% of your pay, tax-deferred, and deposits the money in your TSP account for your retirement savings. Also, if you are not making TSP contributions in the final pay period of a given year, you will be automatically reenrolled in the same manner. If you want all or any portion of your automatic contributions to be after-tax Roth contributions, **you must complete Section II** and indicate what percentages or amounts you want as traditional (pre-tax) and Roth (after-tax) contributions.

You can stop your automatic member contributions before they start by submitting this form to your service, subject to your service's processing deadlines. If automatic deductions have already begun, you are entitled to request a refund of your initial contributions by submitting Form TSP-25, *Automatic Enrollment Refund Request*. The TSP must receive Form TSP-25 within 90 days of your first automatic contribution. You may not request a refund of contributions resulting from automatic reenrollment, which happens if you are not contributing to your TSP account at the end of a given year. See Form TSP-25 for other important limitations on your ability to receive a refund.

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**SECTION IV**

You must complete this section.

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**SECTION V**

*(To be completed by service official)*

The Receipt Date (Item 26) is the date that a **properly completed** form is received by the office responsible for TSP enrollment.

The Effective Date (Item 27) must be no later than the first full pay period after receipt of a properly completed form. You should provide the participant with a copy of this election for his or her records.

| <b>AUTHORIZATION TO START, STOP, OR CHANGE<br/>           BASIC ALLOWANCE FOR QUARTERS (BAQ),<br/>           AND/OR VARIABLE HOUSING ALLOWANCE (VHA)</b><br><small>For use of this form, see AR 37-104-4; the proponent agency is ASA(FM)</small>   |   |   |  | <b>PRIVACY ACT STATEMENT</b>   |  |  |  |
|---|---|---|--|--|--|--|--|
| <b>1. NAME</b> <i>(Last, First, MI)</i>   |   |   |  | <b>AUTHORITY:</b> 37 USC 403; Public Law 96-343; EO 9397.<br><br><b>PRINCIPLE PURPOSE:</b> To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).<br><br><b>ROUTINE USE:</b> To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. |  |  |  |
| <b>2. SOCIAL SECURITY NUMBER</b>  |   | <b>3. GRADE</b>   |  | <b>DISCLOSURE IS VOLUNTARY:</b> Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.   |  |  |  |
| <b>4. TYPE OF ACTION</b>  |   |   |  |  |  |  |  |
| START   | CANCEL  | CHANGE  | REPORT   |  |  |  |  |
| CORRECT   | STOP  | RECERTIFICATION   |  |  |  |  |  |
| <b>5. DUTY LOCATION</b> <i>(Include Station, Name, City, State, and Zip Code)</i>   |   |   | <b>6. DATE/ACTION</b> <i>(YYYYMMDD)</i>                              | <b>7. BAQ TYPE</b>   |  |  |  |
|   |   |   |  | <input type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> PARTIAL  |  |  |  |
|   |   |   |  | <input type="checkbox"/> WITHOUT DEPENDENTS  |  |  |  |
| <b>8. MARITAL/DEPENDENCY STATUS</b>   |   |   |  | <b>9. QUARTERS ASSIGNMENT/AVAILABILITY</b>   |  |  |  |
| <input type="checkbox"/> a. SINGLE  | <input type="checkbox"/> b. MARRIED<br><i>(see blocks (1), (2) &amp; (3))</i> | <input type="checkbox"/> c. DIVORCED <i>(see blocks (1), (2) &amp; (3))</i>           |  | <input type="checkbox"/> a. ADEQUATE<br><i>(see block (1))</i>   | <input type="checkbox"/> b. INADEQUATE<br><i>(see blocks (1), (2) &amp; (4))</i> |  |  |
| <input type="checkbox"/> d. LEGALLY SEPARATED<br><i>(see blocks (1), (2) &amp; (3))</i>   |   | <input type="checkbox"/> e. DEPENDENT CHILD<br><i>(see blocks (4), (5) &amp; (6))</i> |  | <input type="checkbox"/> c. TRANSIENT<br><i>(see block (3))</i>  | <input type="checkbox"/> d. NOT AVAILABLE  |  |  |
| (1) Spouse/Former Spouse SSN  | (2) Spouse/Former Spouse Duty Station   | (3) Date of Marriage, Divorce/Separation  |  | (1) QUARTERS NO. _____   | (2) FAIR RENTAL VALUE \$ _____   |  |  |
| (4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other  |   |   |  | (3) FROM: _____ TO: _____  |  |  |  |
| (5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.  |   |   |  | (4) <input type="checkbox"/> MEMBER ELECTION<br><i>(Member in grade E7 and above)</i>  |  |  |  |
| (6) If child support received from another military member, complete (1), (2) & (3).  |   |   |  | <input type="checkbox"/> COMMANDER DETERMINATION<br><i>(Attached)</i>  |  |  |  |
| <b>10. DEPENDENTS/SHARERS</b> <i>(Continue on back if required)</i>   |   |   |  |  |  |  |  |
| NAME OF DEPENDENT/SHARER  |   | COMPLETE CURRENT ADDRESS <i>(Include ZIP Code)</i>                                    |  | RELATIONSHIP   | DOB OF CHILDREN  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
| <b>11. CERTIFICATION OF DEPENDENT SUPPORT</b>   |   |   |  |  |  |  |  |
| <input type="checkbox"/> I certify that I can provide, or willing to provide, adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.   |   |   |  |  |  |  |  |
| <input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period.   |   |   |  |  |  |  |  |
| <b>12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON</b>  |   |   |  |  |  |  |  |
| My permanent duty station:  |   | My dependent's location:  |  | Both my permanent duty station and dependent's location.   |  |  |  |
| a. Monthly Expenses:  | Member  | Dependent   | b. Sharer/Lease Information  |  | c. Address Information   |  |  |
| (1) Mortgage <i>(PITI)</i> or Rent  |   |   | (1) Rental/Residential Address:                                      |  | (1) Landlord's Name and Address:   |  |  |
| (2) Insurance   |   |   | (2) Effective Date:  |  | (3) Expiration Date:   |  |  |
| (3) Other   |   |   | (2) Landlord's Phone No.   |  |  |  |  |
| TOTALS  |   |   | (4) Number of Sharers <i>(show name(s) and address in block 10.)</i> |  |  |  |  |
| I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement.<br><b>IMPORTANT:</b> Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both. |   |   |  |  |  |  |  |
| 13. MEMBER'S SIGNATURE  |   |   | 14. DATE   | 15. CERTIFYING OFFICER'S SIGNATURE   |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |
|   |   |   |  |  |  |  |  |



**Finance In processing Brief Sheet**  
**Army Military Pay Office (AMPO)**  
**Fort Drum, New York**

SEE ATTACHED INPROCESSING PCS SMARTVOUCHER TO START AND SUBMIT YOUR PACKET TO FINANCE

**1. Location or Duty Specific Pay:** If you were receiving any location or duty specific pays (Assignment Incentive Pay, Cost Of Living Allowance, Demolition Duty Pay, Family Separation Allowance, Hardship Duty Pay, Hostile Fire Pay, Parachute Duty Pay, Save Pay, Special Duty Assignment Pay) and they were not stopped upon your departure they will be stopped when you are in- processed; they may cause a debt, please review your next LES and let your S-1 know if there are any questions.

**2. Foreign Language Proficiency Bonus (FLPB):** If you are receiving FLPB and are to continue receiving it, you must provide the AMPO with the current orders and corresponding DA 330 through the Unit S1.

**3. Advance Pay:**

a. An advance pay is intended to provide funds to a member to meet extraordinary expenses incident to a government-ordered relocation. It is intended to assist with the out-of-pocket expenses, not typical of day-to-day military living, that precede or exceed reimbursements incurred in a member's change of duty locations.

b. Soldiers that did not request an Advance Pay prior to PCS, have 180 days after arrival to new duty station to request an Advance Pay. Advance Pays are requested on a DD2560 and submitted along with a copy of the PCS order and DA31.

**4. BAH Changes incident to a PCS:**

a. You may have been/be overpaid BAH at the old location due to the military pay system cut-off (update) schedule. If you are overpaid, your LES will have an "Advance Debt" in the entitlements column of your LES. This isn't necessarily the total amount of the debt, just the amount of overpayment at the old rate. The new location entitlement will be effective the date you sign into Fort Drum. This entitlement may be "back-paid" based on the cut-off (update) schedule. If the amount of the Advance Debt in the Entitlements column and the amount of the "Debt" in the Deductions column equal then no further action is required. If there is not a corresponding "Debt" amount then the Advance Debt is suspended for 60 days. Collection will automatically resume unless a repayment plan is requested and approved by the unit commander and finance office.

b. If you PCS'd from Overseas, BAH Type II will be paid effective the day your PCS leave started.

c. An example of how the Advance Debt and deduction will appear on your LES if the deduction is made in the same month as the overpayment/advance debt:

| ENTITLEMENTS |              | DEDUCTIONS |                   |         |
|--------------|--------------|------------|-------------------|---------|
| TYPE         | AMOUNT       | TYPE       | AMOUNT            |         |
| A            | BASE PAY     | 4752.60    | FEDERAL TAXES     | 420.01  |
| B            | BAS          | 372.71     | FICA-SOC SECURITY | 294.66  |
| C            | BAH          | 1524.00    | FICA-MEDICARE     | 68.91   |
| D            | FSH          | 25.00      | STATE TAXES       | 51.12   |
| E            | ADVANCE DEBT | 281.00     | SGLI              | 25.00   |
| F            |              |            | AFRH              | 0.50    |
| G            |              |            | SGLI-FAM/SPOUSE   | 7.00    |
| H            |              |            | DEBT              | 281.00  |
| I            |              |            | MID-MONTH PAY     | 2903.56 |

d. An example of how the Advance Debt and deduction will appear on your LES if the deduction is not made in the same month as the overpayment/advance debt:

Month #1 (After Arrival To Fort Drum)

| ENTITLEMENTS |              | DEDUCTIONS        |         |
|--------------|--------------|-------------------|---------|
| TYPE         | AMOUNT       | TYPE              | AMOUNT  |
| A            | BASE PAY     | FEDERAL TAXES     | 420.01  |
| B            | BAS          | FICA-SOC SECURITY | 294.66  |
| C            | BAH          | FICA-MEDICARE     | 68.91   |
| D            | FSH          | STATE TAXES       | 51.12   |
| E            | ADVANCE DEBT | SGLI              | 25.00   |
| F            |              | AFRH              | 0.50    |
| G            |              | SGLI FAM/SPOUSE   | 7.00    |
| H            |              | MID-MONTH PAY     | 2903.56 |

Month #3 (After Arrival To Fort Drum)

| ENTITLEMENTS |          | DEDUCTIONS        |         |
|--------------|----------|-------------------|---------|
| TYPE         | AMOUNT   | TYPE              | AMOUNT  |
| A            | BASE PAY | FEDERAL TAXES     | 420.01  |
| B            | BAS      | FICA-SOC SECURITY | 294.66  |
| C            | BAH      | FICA-MEDICARE     | 68.91   |
| D            | FSH      | STATE TAXES       | 51.12   |
| E            |          | SGLI              | 25.00   |
| F            |          | AFRH              | 0.50    |
| G            |          | SGLI FAM/SPOUSE   | 7.00    |
| H            |          | DEBT              | 281.00  |
| I            |          | MID-MONTH PAY     | 2903.56 |

Note: BAH rates can be found here: <https://www.defensetravel.dod.mil/site/search.cfm?keywords=BAH&x=0&y=0>

5. If you are residing in the barracks and have a meal card an example of how your LES will look is:

| ENTITLEMENTS |          | DEDUCTIONS        |        |
|--------------|----------|-------------------|--------|
| TYPE         | AMOUNT   | TYPE              | AMOUNT |
| A            | BASE PAY | FEDERAL TAXES     | 216.94 |
| B            | BAS      | FICA-SOC SECURITY | 147.46 |
| C            | BAH      | FICA-MEDICARE     | 34.49  |
| D            |          | STATE TAXES       | 78.49  |
| E            |          | SGLI              | 25.00  |
| F            |          | AFRH              | 0.50   |
| G            |          | MEAL DEDUCTION    | 307.40 |
| H            |          | MID-MONTH PAY     | 949.22 |

6. **Enlistment Bonus:** If you are entitled to a bonus submit the following documents through your S1: DD 4/1, DD 4/2, DD 4/3, DA 3286 Annex B, MOS Order or AIT graduation certificate including the MOS. Once submitted and processed, the bonus will be credited to your next LES and sent as a separate deposit to your financial institution a few days after processing is complete. If the amount of the bonus exceeds \$10,000.00 the remaining balance will be paid in annual installments on the enlistment anniversary date.

**7. Travel EFT:** Ensure you update your Travel EFT information on MyPay, this is where your Travel Settlement will be deposited. You will also receive an Advice of Payment (AOP) e-mailed to the address you provided on the Travel Voucher once your voucher has been processed. If dependents are traveling separately at a later date ensure you complete a voucher for them once they have arrived to Fort Drum. If you elected a split disbursement to your Government Travel Card the payment will be sent at the same time the deposit is sent to your financial institution.

**8. Per Diem:** Is established to assist with payment of lodging and meals for Member and their authorized Dependents. The rate when driving a POV for the Member is \$151.00 per day, Dependents 12 and over is \$113.25 per day, Dependents under 12 is \$75.50 per day.

**POV Miles/Travel Days Authorized**

| <u>Miles</u> | <u>Travel Days</u> | <u>Miles</u> | <u>Travel Days</u> | <u>Miles</u> | <u>Travel Days</u> |
|--------------|--------------------|--------------|--------------------|--------------|--------------------|
| 1-400        | 1                  | 1451-1800    | 5                  | 2851-3200    | 9                  |
| 401-750      | 2                  | 1801-2150    | 6                  | 3201-3550    | 10                 |
| 751-1100     | 3                  | 2151-2500    | 7                  | 3551-3900    | 11                 |
| 1101-1450    | 4                  | 2501-2850    | 8                  | 3901-4250    | 12                 |

Note: Per Diem rates can be found here: <https://www.defensetravel.dod.mil/site/perdiem.cfm>

**9. Mileage (MALT):** Covers the movement of Member as well as their Dependents. When driving a POV, the mileage reimbursement rates are as follows:

|           |        |          |            |        |          |
|-----------|--------|----------|------------|--------|----------|
| 1 Vehicle | \$0.16 | per mile | 2 Vehicles | \$0.32 | per mile |
|-----------|--------|----------|------------|--------|----------|

Note: Mileage rates can be found here: <https://www.defensetravel.dod.mil/site/Mileage.cfm>

**10. Temporary Lodging Expense (TLE):** Is a partial reimbursement for temporary lodging expenses incurred during a PCS. The maximum reimbursement is 10 days for a move to CONUS. TLE cannot be used at gaining installation prior to signing out of your losing installation. Single Soldiers reimbursement is limited to 65% of the lodging and Per Diem rates. Additional information may be found in Joint Travel Regulation, Chapter 5, Part A, Section 9 and here: <https://www.defensetravel.dod.mil/site/faqtle.cfm>

**11. Temporary Lodging Allowance (TLA):** Is a partial reimbursement for temporary lodging expenses incurred at an OCONUS duty location (to include Alaska & Hawaii). If TLA has not been paid and was submitted to our office it will be credited to your next LES and the next available payday. Additional information can be found here: <https://www.defensetravel.dod.mil/site/faqtle.cfm>

**12. Dislocation Allowance (DLA):** Is to partially reimburse a member for the expenses incurred in relocating the member's household on a PCS. The eligibility for DLA is found in the Joint Travel Regulation, Chapter 5, Part A, Section 10:

a. Member with Dependents. A member with dependents is entitled to DLA when dependents relocate in conjunction with a PCS.

b. Member without Dependents. A member without dependents is authorized DLA when relocated in conjunction with a PCS to a PDS where government quarters are not assigned.

Primary DLA Rates

| Grade | Without-Dependent | With-Dependent | Grade | Without-Dependent | With-Dependent |
|-------|-------------------|----------------|-------|-------------------|----------------|
| O-7+  | \$4,231.68        | \$5,209.17     | W-3   | \$2,627.66        | \$3,231.09     |
| O-6   | \$3,882.23        | \$4,690.38     | W-2   | \$2,333.67        | \$2,972.47     |
| O-5   | \$3,739.09        | \$4,521.05     | W-1   | \$1,953.41        | \$2,570.75     |
| O-4   | \$3,465.07        | \$3,985.38     | E-9   | \$2,567.67        | \$3,385.04     |
| O-3   | \$2,776.98        | \$3,297.24     | E-8   | \$2,356.74        | \$3,120.27     |
| O-2   | \$2,202.83        | \$2,815.45     | E-7   | \$2,013.49        | \$2,897.06     |
| O-1   | \$1,854.92        | \$2,516.85     | E-6   | \$1,822.56        | \$2,676.91     |
| O-3E  | \$2,998.64        | \$3,543.55     | E-5   | \$1,680.96        | \$2,407.52     |
| O-2E  | \$2,549.17        | \$3,197.23     | E-4   | \$1,462.37        | \$2,407.52     |
| O-1E  | \$2,192.04        | \$2,954.00     | E-3   | \$1,434.67        | \$2,407.52     |
| W-5   | \$3,520.47        | \$3,846.84     | E-2   | \$1,165.30        | \$2,407.52     |
| W-4   | \$3,126.41        | \$3,526.67     | E-1   | \$1,039.11        | \$2,407.52     |

Note: Single E6 and above are authorized DLA at the without rate upon arrival to Fort Drum. Rates can also be found here: <https://www.defensetravel.dod.mil/site/DLA.cfm>

**13. Personally Procured Moves (PPM/DITY):** Handled by Transportation Office. They are located in Clark Hall BLDG 10720 Mount Belvedere Blvd, Room A2-42.

**14. Spouse State License/Certification Reimbursement:**

a. Reimbursement is eligible when a soldier is reassigned, either as a permanent change of station or permanent change of assignment, from a duty station in one state to a duty station in another state; and, the movement of the soldier's dependents is authorized at the expense of the United States as part of the reassignment.

b. The spouse is not required to have held the license in the immediately preceding duty station state. So long as the spouse, while married to the soldier, held the license at any prior duty station state, reimbursement eligibility requirements are met upon pcs to the new duty station state. Thus, for example, a soldier PCSing from OCONUS to CONUS may meet eligibility requirements for spousal licensure reimbursement; likewise, a soldier's spouse who, upon pcs to a new state, renews his/her license after a lapse between duty stations may meet eligibility requirements.

c. Authorized movement of the soldier's dependents includes authorized movement of the soldier's dependents to the Soldier's PCS duty station, and authorized movement of the soldier's dependents to another designated location as part of the soldier's reassignment.

d. Qualified relicensing costs provided to a soldier may not exceed the amount established by applicable law.

1) When the request for reimbursement was adjudicated on or prior to 19 December 2019, the reimbursable amount is the lesser amount between fees paid and \$500.

2) When the request for reimbursement was adjudicated on or after 20 December 2019, the reimbursable amount is the lesser amount between fees paid and \$1,000.

e. Documents Required:

- 1) SF1034 signed by the unit Commander as the Approving Officer and signed by the S-1 as the Certifying Official.
  - 2) Supporting documents depicting payment of fees for new state license (receipts, money orders, credit card payments, etc.)
  - 3) Copy of current PCS order
  - 4) Copy of new State License or Certification
  - 5) Previous State License or Certification Number, License Type, and Issue Date.
- f. Payment is taxable income, tax rate of 22%.
- g. A W-2 will be available on MyPay under Travel/Miscellaneous Tax Statement, also in Tax Statement (W-2).

Tax Statement (W-2)

Travel/Miscellaneous Tax Statement (W-2)

**15. Inquiries:** All inquiries are to be submitted through your S-1. Our office is located in Clark Hall BLDG 10720 Mount Belvedere Blvd, Room A2-06. In and Out Processing / Travel can be reached at 772-5421/ 772-7832 during our hours of operation are Monday through Friday, 1000 – 1500 hours.



## PCS SmartVoucher Inprocessing

*Defense Finance and Accounting Service*

Army Military Pay Office  
Fort Drum New York



**Walk Through:  
Instructions for completing  
PCS Travel Voucher  
via SmartVoucher  
<https://mypay.dfas.mil/#/>**



## Smart Voucher Instructions



- Once on the myPay homepage, do NOT log in
- Select "Quick Links"

myPay Accessibility/Section 508 Security FAQ Quick Links Contact Us STAY CONNECTED WITH DFAS

Welcome

myPay

Simpler | Streamlined | Mobile-Friendly

Sign In

Login ID

Password

Sign In

Forgot your Login ID?

Forgot or Need a Password?

Smart Card Login  
DoD CAC | PIV  
(Insert Card First)

## Smart Voucher Instructions



- Under DFAS Resources, second from the bottom of the list, select "Smart Voucher – Complete a DD Form 1351-2"

QUICK LINKS

DFAS Resources

- Affordable Care Act
- AskDFAS Tax Statement Reissue Requests
- DFAS - Home
- How to read a DoD Civilian LES?
- How to read a DoDEA LES?
- Pay Inquiries: Army (Active/Reserve/Guard) Navy (Active/Reserve) Air Force (Active/Reserve/Guard)
- SmartVoucher - Complete a DD 1351-2
- Travel Voucher Checklist

# Smart Voucher Instructions



- Log in with your credentials
- Click "I Agree" twice
- Click "Login with CAC"
  - ✓ Make sure it is NOT your email certificate

# Smart Voucher Instructions



Smart Voucher homepage

- Can view old vouchers and create new vouchers
- Move through the voucher using the menu at the top of the page
- Click on "Create New Voucher"
- Click on "Create Dependent Voucher" if your dependents traveled separately
- Click on "Create Travel Advance" to request advanced travel or DLA payments.



# Smart Voucher Instructions



- Category of travel will be "PCS"
- Type of user is "Active Duty"
- Select "Fort Drum, NY" as your AMPO
- Select "Next"

# Smart Voucher Instructions



- Travel Order # - found in the top left corner of your orders
- Issue date of orders is found in the top right corner
- Did your household goods move?
- You can claim DLA if your dependents traveled with you and are here now OR if you are a single E6 and above OR traveling from an unaccompanied PCS and your family is here
- Are you married?
- Is your spouse active duty military?
  - ✓ You will need your spouse's information
  - ✓ Detailed instructions are on next slide
- Are you claiming TLE?
  - ✓ If you are still in the hotel you will claim TLE when you check out, You will need to complete the attached DD Form 9098
- Did you go TDY enroute?
  - ✓ Did you go to a school on your way here?
- How many vehicles did you drive?
- Select "Next"

# Smart Voucher Instructions



\* Is your spouse active duty military?

Yes

\* Please put in your spouse's ssn:

\*\*\*\*\*

\* Please put in your spouse's first name:

Jane

Please put in your spouse's middle initial:

H

\* Please put in your spouse's last name:

Smith

\* Please put in your spouse's branch of military they are in:

Army

- If your spouse is active duty military, select "Yes"
- Fill in using your spouse's information:
  - ✓ Social Security Number
  - ✓ First name
  - ✓ Last name
  - ✓ Branch of service

# Smart Voucher Instructions



Menu User Type Initial  Adv Search Register Home Account My Profile Review Logout Logoff

**Smart Voucher**

\* Did you receive any previous government payments/partial payment/advances for this travel order?  No  Yes  
Note: Do not include Automated Teller Machine (ATM) withdrawals from your Government Travel Charge Card.

\* Did you receive any payments from Defense Travel System (DTS) during this travel period?  No  Yes

Back Next

- If you have a GTCC, you will answer "No" to both questions
- You will answer "Yes" only if you took a travel advance
  - Does not include a Pay Advance or DITY Move Advance

# Smart Voucher Instructions



**PERSONAL INFORMATION**

Instructions: Please provide your current address and phone number so we may contact you if necessary.

\* First Name:

Middle Initial:

\* Last Name:

Social Security Number:

\* Grade/Rank:

\* Current Street:

Current Street2:

\* Current City:

\* Current State:

\* Current Country:

\* Current Zip Code/APO/FPO:  Zip Code Lookup

\* Phone Number:(Daytime)   
Note: Please provide the best phone number where we may contact you

I agree to opt-in to receive text messaging alerts  Yes

\* I accept that data rates may apply  Yes

\* Provider Carrier:

\* Email Address:   
Note: Provide the email address you read most consistently

Do you have a Government Travel Charge Card?  Yes  
Note: If you say no you will not be able to request split disbursements.

\* Unit of Assignment: (Add City/State or Post/State)   
Note: If you do not know the Unit of Assignment put in 'Unknown'.

Back    Next

- Use your personal information
- Use current address if you have one; if none, use an address you will be able to receive your mail/
- You can now opt to receive updates on your travel via text. Answer all questions if you would like to receive updates.
- Email address can be military or civilian
  - ✓ Use an email that you use often
- Do you have GTCC? – “Yes” or “No”
- Unit of Assignment:
  - ✓ New unit you are going to
  - ✓ Make sure to include: “Fort Drum NY 13602” OR AREA DUTY LOCATION IF DIFFERENT

# Smart Voucher Instructions



**Dependents** Step 0008

Instructions: Please provide dependent information. You must use the "Save" button before going to the "Next" button. Separate vouchers are needed for any dependent that traveled to/from a separate location or during a different timeframe. You may use the "Create Dependent Voucher" feature found on the Menu screen to begin a dependent travel claim.

\* On this voucher, are you claiming dependents?  Yes  
The dependent address should be the address upon receipt of orders.

NOTE: For PCS travel to/from CONUS locations orders must authorize dependents. For PCS travel to/from an OCONUS location, dependents must be Command Sponsored

My dependents left the previous duty station with me and arrived at my new duty station on the same day.

My dependents traveled separately from me to my current duty station.

My dependents traveled to designated location authorized on my PCS orders.

Back

- If your dependents traveled with you and they are here, select “Yes” for claiming dependents.
- If your dependents traveled separately or are arriving at a later date, this voucher will be for your travel only. Another voucher for your dependents will be completed upon their arrival.
- Separate vouchers are needed for any dependent that traveled to/from a separate location or during a different timeframe. You may use the "Create Dependent Voucher" feature found on the Menu screen to begin a dependent travel claim.

# Smart Voucher Instructions



Note: If your dependents have different permanent addresses then you will have to complete a separate itinerary (block 15a-15f) on a DD form 1351-2 for each dependent.  
 Note: SmartVoucher currently only allows for sixteen (16) dependents to be added.

\* Dependent First Name:   
 Dependent Middle Initial:   
 \* Dependent Last Name:   
 \* Dependent Relationship:  Note: Children over 21, wards and parents require approval memorandum from Dependency Entitlements (DFAS).  
 \* Date of Marriage:  MM/DD/YYYY  
 \* Dependent Street:  Note: Use dependent address upon receipt of orders.  
 \* Dependent City:   
 \* Dependent State:   
 \* Dependent Country:   
 \* Dependent Zip Code:   
 Dependent completed travel?  Yes

Back Save

- Each dependent who traveled with you will be entered on separate pages
- **Dependent Street, City, State, Country and Zip Code is your OLD address (address at last duty station) OR your dependent's address when you received your orders**
- Don't forget to mark off "Yes" if your dependent completed travel
- Click "Save" to add another dependent

# Smart Voucher Instructions



| edit | Delete | First Name | MI | Last Name | Address                              | Date of Birth/Marriage | Traveled                            |
|------|--------|------------|----|-----------|--------------------------------------|------------------------|-------------------------------------|
| edit | Delete | Jane       |    | Smith     | 1234 Main ST Fort Hood TX, 76542 USA | 12/15/2011             | <input checked="" type="checkbox"/> |

\* Dependent First Name:   
 Dependent Middle Initial:   
 \* Dependent Last Name:   
 \* Dependent Relationship:  Note: Children over 21, wards and parents require approval memorandum from Dependency Entitlements (DFAS).  
 \* Date of Birth:  MM/DD/YYYY  
 \* Dependent Street:  Note: Use dependent address upon receipt of orders.  
 \* Dependent City:   
 \* Dependent State:   
 \* Dependent Country:   
 \* Dependent Zip Code:   
 Dependent completed travel?  Yes

Cancel Save

- Click "Add Dependent"
- Address will automatically populate
- Again, don't forget to mark "Yes" for completed travel
- In order to get reimbursed for all dependent travel, you need to list **ALL** dependents that moved with you
- Once they are all listed and saved, select "Next"
- *If you are claiming a secondary dependent, the approval memo from DFAS is required*

# Smart Voucher Instructions



**Itinerary Information** **Step 2 of 3**

**Instructions:**  
1. Begin your travel itinerary with the date that you officially began traveling, as well as from the location (Installation/Base/City) that you officially started from under the applicable travel order.

**Note:** When going TDY your itinerary should start with the location (Installation/Base/City) which you are located at prior to going to the official TDY location.

2. List ALL locations where authorized travel was performed and any overnight stops.

**Note:** Any deviations from your travel orders such as non-government travel, return trips home while in a travel claim status, or any Leave taken should also be reflected in your itinerary.

**Note:** Travelers who have been provided with new travel orders to travel to a new temporary duty location (TDY) while they are still on travel orders at another TDY location must show each location/stop in their itinerary and attach all applicable travel orders with the travel package. (This applies to TDY within a TDY).

**Example:** John Doe receives orders to go TDY to Fort Carson from January 1st through January 31st. While at Fort Carson, John Doe receives another set of order to go TDY from Fort Carson to Fort Knox and return to Fort Carson from January 12 through January 14th. John Doe should submit one travel voucher package showing his time at Fort Carson and reflecting his TDY to Fort Knox as well. If John Doe has already been paid for the trip to Fort Knox (such as through another system), then John Doe needs to attach copies of the payment vouchers and orders for the Fort Knox interim TDY.

3. Any lodging expenses incurred at each travel location must be shown.

**Note:** Please do your best to complete the itinerary accurately. If one of the two errors below are made on the itinerary then you may be required to delete all the preceding entries until you are back at the entry that needs to be amended.

- Missing a stop (forgot to include a leg of the travel)
- Incorrect arrival or depart dates

4. In order to claim mileage, you must include the location to which you drove as a stop in your itinerary.

**Example:** A traveler's orders direct him/her to travel to Fort Bliss. The traveler is ~~driving~~ flying to Fort Bliss. The individual is leaving from home, driving to the airport, and then flying to their TDY location. ~~In the itinerary the traveler must show the method of travel to the airport, and include the stop at the airport as available transportation, in order to claim mileage to the airport.~~

I have read the instructions for the itinerary, and I understand that to receive accurate and timely payments of all travel entitlements, the itinerary must be complete and exact.

- This is how you get reimbursed for your travels
- We need to know every time you changed modes of transportation
  - ✓ i.e. Cab to the airport then got on a plane
- You will need your leave form for the dates that you signed in and out (blocks 14 & 16)
- Select the box in the bottom left
- Select "Add" on the next screen

# Smart Voucher Instructions

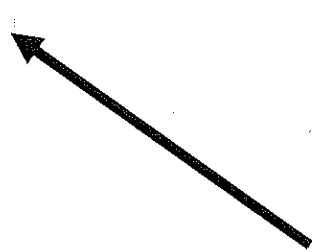


**Itinerary Information** **Step 3 of 3**

Currently, you have not entered any stops for this travel voucher.

Back Add

Add



**CLICK ADD**

# Smart Voucher Instructions



**SmartVoucher**

Home User Type Initial Advances Reports Dependence **History** Israel

Currently, you have not entered any stops for this travel voucher.

---

**Departure Information**

What day did your travel begin?  MM/DD/YYYY  
Note: Date of departure on your leave form.

What country did you depart from?

What is the zip code of your departure location? Zip Code Lookup

Installation/Base/City

State

What was your mode of travel?

Did you own or were you personally responsible for the operating expenses of the motorcycle?  
Note: If you drove a rental vehicle, select "Yes"

How many vehicles did you drive?   
NOTE: For JTR, make payments for the use of more than one vehicle, with in the same household for PDI, must be authorized/approved through the Secord/M Process  
 NOTE: For reimbursement for the use of motor vehicles to each other will be authorized.

Were you the operator of the vehicle?

Note: Select "No" if you were a passenger.

- Travel began on the day that you signed out on leave
  - ✓ This must match your DA 31 block 14
- CONUS/HI/AK
- Enter USA
- Use last duty location
- Zip code form your orders
- Mode of travel: "Automobile"
- Were you personally responsible for the operating expenses? "Yes"
- Were you the owner/operator? "Yes"



# Smart Voucher Instructions



**SmartVoucher**

Home User Type Initial Advances Reports Dependence **History** Israel

Currently, you have not entered any stops for this travel voucher.

---

**Departure Information**

What day did your travel begin?  MM/DD/YYYY  
Note: Date of departure on your leave form.

What country did you depart from?

What Installation/Base/City did you depart from?

What was your mode of travel?

Did you own or were you personally responsible for the operating expenses of the automobile?  
Note: If you drove a rental vehicle, select "Yes"

Did the government own the vehicle?

Did you have to personally pay for the Automobile?  
Note: If you used your GTEC to pay, select "Yes"

---

**Next Stop Information**

- Travel began on the day that you signed out on leave
  - ✓ This must match your DA 31 block 14
- OCONUS
- Enter country departing from
- Use last duty station





# Smart Voucher Instructions



**INSTRUCTION:**  
• Click the "Add Expenses" button below to add a reimbursable expense.

**Reimbursable Expenses:**

|   |               |        |
|---|---------------|--------|
| Currently, you have not entered any expenses for this travel voucher. | Total: \$0.00 | \$0.00 |
|---|---------------|--------|

Back Add Next

- Reimbursable expenses include:
  - ✓ Tolls
  - ✓ Airfare
  - ✓ Excess Baggage
  - ✓ Authorized Delay at Airport
  - ✓ Taxi Cabs
- If you have a reimbursable expenses, select "Add"

# Smart Voucher Instructions



**INSTRUCTION:**  
• Click the "Add Expenses" button below to add a reimbursable expense.

**Reimbursable Expenses:**

|   |               |        |
|---|---------------|--------|
| Currently, you have not entered any expenses for this travel voucher. | Total: \$0.00 | \$0.00 |
|---|---------------|--------|

**ADD EXPENSE:**  
• You can add one time expenses or daily expenses incurred during a specific time frame.

\* Was this a One-Time Expense or a Daily Expense?       One-Time Expense    Daily Expense

\* What was the date of this expense?       MM/DD/YYYY

\* Type of expense?       ▼

\* What was the amount of the one-time expense?     

\* Was this expense charged to your Government Travel Charge Card?       No    Yes

Cancel   Save

- Select "One Time Expense" or "Daily Expense"
- Select date of expense
- Select type of expense
- Insert the amount
  - ✓ Remember, a receipt is needed for anything over \$75
- Select "No" or "Yes" if it was charged to you GTCC
- Click "Save"
- If you have other Reimbursable Expenses, select "Add"
- If no others, select "Next"



## Smart Voucher Instructions



SmartVoucher Information Step 3 of 3

**Voucher Attachments**

Allowed file types: bmp, gif, jpeg, pdf, png, pjpeg, png  
File size limit: 2 mb

Select a file to upload:

**Unused Tickets**

I do have unused tickets from this trip:  If yes, turn those tickets into the Transportation Office (T/O) or Commercial Travel Office (CTO).

NOTE: If lodging was required as part of this trip, you must include a receipt regardless of amount. All other expenses over \$75 require a receipt.

**Remarks**

Specify any general remarks regarding this voucher:  
Remaining Characters: 5000

- Click "browse" to select documents to be uploaded: orders, DA 31, and any additional documents
- Click "Upload" to upload the selected documents to SmartVoucher
- Specify if you have any unused plane tickets; this may be left blank
- Specify any general remarks

## Smart Voucher Instructions



SmartVoucher Information Step 4 of 4

**Split Disbursement**

**Instructions:**  
Split disbursement is mandatory. If you have indicated you paid certain expenses with a government charge card, it is noted below.  
**NOTE: A split disbursement is only necessary when a GTCC is used while on official travel for the Government.**

To check the current balance on your GTCC please call 1-800-200-7056 or visit the Citibank website: Check GTCC Balance

You indicated that you charged this amount to your Government Travel Charge Card for this voucher: (Format: 100.00)

NOTE: Traveler may charge the actual used amount.  
NOTE: If you have made any changes to your expense or lodging amounts, please verify your split disbursement amounts before submitting.

**\$5.00 - Expenses not applied to Government Travel Charge Card**

- Split Disbursement is used if you have a GTCC and used it
- You can opt to have a specified amount go straight to your GTCC
- You'll have time to call Citi Bank to find out your balance
- *Keep in mind, you are responsible for your GTCC*
- Select "Next"

# Smart Voucher Instructions



Verify all of your information then select "Next"

**Instructions:**  
Please review and click edit to make necessary changes.

| TRIP ORDER | TRIP ORDER NUMBER | TRIP ORDER TYPE |
|------------|-------------------|-----------------|
| 123456     | 123456            | Direct Deposit  |

**PERSONAL INFORMATION - EDIT**

|                               |                        |
|-------------------------------|------------------------|
| First Name                    | John                   |
| Last Name                     | Smith                  |
| Grade/Rank                    | E-6                    |
| Organization                  | 312 Fort St OK 73101   |
| Street                        | 4700 How Way Rd        |
| City                          | Fort St                |
| State                         | OK                     |
| Country                       | USA                    |
| Zip Code                      | 73101                  |
| Email                         | john.smith@okstate.edu |
| Phone Number                  | (505) 442-1234         |
| Government Travel Charge Card | Yes                    |

**DEPENDENTS**

| EDIT | First Name | Middle Initial | Last Name | Relationship | Effective Date | Street    | City    | State | ZIP   | Country | Travelled |
|------|------------|----------------|-----------|--------------|----------------|-----------|---------|-------|-------|---------|-----------|
| EDIT | Jane       |                | Smith     | SPOUSE       | 12/15/2011     | 1214 Main | Fort St | TX    | 76142 | USA     | Yes       |
| EDIT | James      |                | Smith     | DEPENDENT    | 02/17/2015     | 1234 Main | Fort St | TX    | 76142 | USA     | Yes       |

**ITINERARY INFORMATION**

| EDIT | Departure Date | Departure City | Departure State | Departure Country | Arrival Date | Arrival City | Arrival State | Arrival Country | Mode of Travel | Reason for Trip | PCS | Overseas | Lodging |
|------|----------------|----------------|-----------------|-------------------|--------------|--------------|---------------|-----------------|----------------|-----------------|-----|----------|---------|
| EDIT | 01/01/2019     | Osan           | AA              | KOREA             | 01/01/2019   | Osan         | AA            | KOREA           | CB             | AT              | 0   | No       | \$0.00  |
| EDIT | 01/01/2019     | Osan           | AA              | KOREA             | 01/01/2019   | Osan         | OK            | USA             | CP             | AT              | 0   | No       | \$0.00  |
| EDIT | 01/01/2019     | Osan           | OK              | USA               | 01/01/2019   | Fort St      | OK            | USA             | CA             | NC              | 0   | No       | \$0.00  |

**CONTINUOUS TRIP EXPENSES**

| EDIT | Expense Date | Amount of Expense               | Amount |
|------|--------------|---------------------------------|--------|
| EDIT | 01/01/2019   | TOLLS (HIGHWAYS, BRIDGES, ETC.) | \$5.00 |

**TRIP EXPENSES**  
No Meal Expense information available.

**TRIP INFORMATION**

| EDIT | Question       | Answer |
|------|----------------|--------|
| EDIT | Leave Ticket   |        |
| EDIT | Unused Tickets |        |
| EDIT | Remarks        |        |

Back Next

# Smart Voucher Instructions



**NEW INFORMATION:**  
Based on your responses to the associated questions throughout the SmartVoucher it has been determined that your travel package will require the following documentations:

| Item Number | Documents                      | Comments   |
|-------------|--------------------------------|--|
| 1           | Travel Order 123456            | In addition to this travel order, please ensure you include all corresponding amended orders.  |
| 3           | Temporary Lodging Expense Form | TLE is intended to partially pay for lodging/meal expenses when a member/dependent(s) occupy temporary quarters in CONUS due to a PCS. |

**INSTRUCTIONS FOR PRINTING:**  
To view and print your travel claim, click on the View Travel Voucher button below. When the File Download dialog box appears, do the following steps:  
 • Click Open  
 • Select Print from the menu.  
 • Once you have printed or saved it to your hard drive, check the "X" in the upper right hand corner to close the window.

**SCANNING INSTRUCTIONS:**  
To ensure a high quality submission to prevent rejects/returns:  
 • Ensure your fax / scanner is set to 300 dpi (also called "fine" or "super-fine")  
 • Verify your scanner or printer settings are set to black and white not grayscale.  
 • Make sure you do not have seams in the document from folding it.  
 • Make sure the glass on your fax/scanner is clean (no fingerprints, dust, or smudges).

- After printing a hard copy of your travel claim, be sure to sign block 20a, and obtain all other required signatures.
- Attach all the required documents listed above.  
 Note: Ensure you submit pages 1 and 2 (front and back) of the 1351-2 and all continuation pages.  
 Note: RETAIN A COPY OF ALL SUBMITTED DOCUMENTS FOR YOUR OWN RECORDS.
- Use the following link to determine the correct Travel Pay location to submit your travel claim:

**ADDITIONAL INFORMATION:**  
Please ensure any changes made throughout this process are reflected on your voucher prior to submission.  
 If you want to view or change your claim, click the 'Menu' tab and all the travel claims created via SmartVoucher will be listed. Click on the 'Edit' link next to the travel claim that you would like to view/edit with the applicable Travel Order.  
 To create a new travel claim, click on the 'Create New Voucher' button and follow the instructions.  
 To create a supplemental travel claim, click on the 'Supplemental Voucher' button and select the travel claim that you would like to supplement with the applicable Travel Order.

Back View Travel Voucher

Review these comments. If you need any supporting documents, Smart Voucher will let you know what is needed.

Click on "View Travel Voucher" to preview what your Smart Voucher will look like.



TLE



contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the DFAS compilation of systems of records notices apply. Disclosure: Voluntary, however, failure to provide the requested information may result in a delay or suspension of your claim(s) for reimbursement.

Form with fields: 1. RANK, 2. LAST NAME, 3. FIRST NAME, 4. SSN, 5. PHONE NUMBER, 6. STREET ADDRESS, 7. CITY, 8. STATE, 9. ZIP, 10. CURRENT UNIT ASSIGNMENT, 11. PHONE NUMBER, 12. MARITAL STATUS, 13. IF MILITARY, SPOUSE'S SSN, 14. SPOUSE'S CURRENT DUTY STATION, 15. DID YOU STAY IN OFF-POST LODGING?, 16. STATEMENT OF NON-AVAILABILITY #, SECTION I - LIST DEPENDENTS YOU ARE CLAIMING TLE FOR, 17. NAME, 18. RELATIONSHIP, 19. DATE OF MARRIAGE, 20. DATE OF BIRTH, 21. DATE HHG PICKED UP, 22. DATE HHG DELIVERED, 23. DID YOU DO A DITY MOVE?, 24. IF YES, WHAT DATE?

- Blks 1-3: Self Explanatory
Blk 4: Full SSN
Blks 5-9: Phone number, current address
Blks 10-11: Current Unit and unit phone number
Blks 12-14: Marital Status (if spouse is military need Full SSN and duty station)
Blks 15-16: Yes or NO, Ft Drum DOES require a SNA.
Blks 17-20: List dependents that traveled with soldier, relationship, date of marriage for spouse and date of birth for children.
Blks 21-22: dates Household goods picked up and delivered (if haven't been delivered yet leave blank.
Blk 23-24: Mark yes or no, if yest provide date performed the DITY Move

Making Every Day Count

TLE



SECTION II - LODGING INFORMATION
PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.
IF YOU NEED MORE DAYS PUSH THE ADD ROW BUTTON BELOW.
Table with columns: ADD ROW, 25. FROM DATE, 26. TO DATE, 27. NO. OF DAYS, 28. LOCATION OF LODGING (CITY, STATE), 29. MEALS ONLY/PER DIEM, 30. DAILY LODGING COSTS, 31. NUMBER OF PERSONS CLAIMED (SM, OVER 12, UNDER 12), 32. DATE TERMINATED QUARTERS (IF APPLICABLE), 33. DATE ASSIGNED QUARTERS (IF APPLICABLE), 34. DEPARTURE DATE FROM OLD DUTY STATION, 35. ARRIVAL DATE AT NEW DUTY STATION, 36. DATE OF SIGNATURE, 37. PRINTED NAME, 38. SIGNATURE, 39. DATE OF SIGNATURE, 40. TIME, 41. PRINTED NAME OF FINANCE CLERK, 42. SIGNATURE OF FINANCE CLERK, 43. COMMENTS

- BLKS 25-26: DATES FROM LODGING RECEIPT (IF RATES CHANGED COMPLETE A SEPARATE LINE FOR EACH RATE)
BLK 27: NUMBER OF DAYS STAYED
BLK 28: LODGING LOCATION CITY AND STATE
BLK 29: IF STAYED IN LODGING MARK "NO" IF STAYED WITH FRIENDS/FAMILY MARK "YES"
BLK 30: DAILY LODGING COST PLUS TAXES (PARKING AND PET FEES NOT REIMBURSABLE)
BLK 31: NUMBER OF SM AND DEPENDENTS THAT STAYED IN LODGING
BLKS 34-35: DATE DEPARTED AND ARRIVED OLD AND NEW DUTY STATIONS
BLKS 36-38: DATE PRINT AND SIGN FORM

Making Every Day Count

TLE CONT

# CLAIM FOR TEMPORARY LODGING EXPENSE

## PRIVACY ACT STATEMENT

**Authority:** 5 U.S.C. 301, Departmental Regulations, Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol 9, Joint Federal Travel Regulation (JFTR) Vol 1, Chapter 5, Part H, and E. O. 9397 (SSN).

**Purpose:** To substantiate and evaluate the amount claimed for Temporary Lodging Expenses.

**Routine Use(s):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the DFAS compilation of systems of records notices apply.

**Disclosure:** Voluntary, however, failure to provide the requested information may result in a delay or suspension of your claim(s) for reimbursement.

|  |                                     |   |                                   |                  |
|--|-------------------------------------|---|-----------------------------------|------------------|
| 1. RANK  | 2. LAST NAME                        | 3. FIRST NAME   | 4. SSN                            | 5. PHONE NUMBER  |
| 6. STREET ADDRESS  |                                     | 7. CITY   | 8. STATE                          | 9. ZIP           |
| 10. CURRENT UNIT ASSIGNMENT  |                                     |   |                                   | 11. PHONE NUMBER |
| 12. MARITAL STATUS:<br><input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> DUAL MILITARY |                                     | 13. IF MILITARY, SPOUSE'S SSN   | 14. SPOUSE'S CURRENT DUTY STATION |                  |
| 15. DID YOU STAY IN OFF-POST LODGING?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | 16. STATEMENT OF NON-AVAILABILITY # | (Without an SNA# from housing you are only authorized reimbursement for the on-post rate) |                                   |                  |

### SECTION I - LIST DEPENDENTS YOU ARE CLAIMING TLE FOR:

| ADD ROW    | 17. NAME | 18. RELATIONSHIP | 19. DATE OF MARRIAGE | 20. DATE OF BIRTH |
|------------|----------|------------------|----------------------|-------------------|
| REMOVE ROW |          |                  |                      |                   |
| REMOVE ROW |          |                  |                      |                   |
| REMOVE ROW |          |                  |                      |                   |
| REMOVE ROW |          |                  |                      |                   |
| REMOVE ROW |          |                  |                      |                   |
| REMOVE ROW |          |                  |                      |                   |

|                        |                        |   |                        |
|------------------------|------------------------|---|------------------------|
| 21. DATE HHG PICKED UP | 22. DATE HHG DELIVERED | 23. DID YOU DO A DITY MOVE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 24. IF YES, WHAT DATE? |
|------------------------|------------------------|---|------------------------|

### SECTION II - LODGING INFORMATION

**PCS VOUCHER, ORIGINAL LODGING RECEIPTS, AND A FULL COPY OF ORDERS MUST BE ATTACHED TO THIS FORM.**

IF YOU NEED MORE DAYS PUSH THE ADD ROW BUTTON BELOW.

|  | 25. FROM DATE | 26. TO DATE | 27. NO. OF DAYS | 28. LOCATION OF LODGING |       | 29. MEALS ONLY/PER DIEM<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | 30. DAILY LODGING COSTS | 31. NUMBER OF PERSONS CLAIMED |         |          |
|--|---------------|-------------|-----------------|-------------------------|-------|--|-------------------------|-------------------------------|---------|----------|
|  |               |             |                 | CITY                    | STATE |  |                         | SM                            | OVER 12 | UNDER 12 |
|  |               |             |                 |                         |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                            |                         |                               |         |          |
|  |               |             |                 |                         |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                            |                         |                               |         |          |
|  |               |             |                 |                         |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                            |                         |                               |         |          |
|  |               |             |                 |                         |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                            |                         |                               |         |          |
|  |               |             |                 |                         |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                            |                         |                               |         |          |
|  |               |             |                 |                         |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                            |                         |                               |         |          |
|  |               |             |                 |                         |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                            |                         |                               |         |          |

| 25. FROM DATE  | 26. TO DATE | 27. NO. OF DAYS  | 28. LOCATION OF LODGING           |       | 29. MEALS ONLY/PER DIEM                                     | 30. DAILY LODGING COSTS | 31. NUMBER OF PERSONS CLAIMED |         |          |
|--|-------------|------------------|-----------------------------------|-------|---|-------------------------|-------------------------------|---------|----------|
|  |             |                  | CITY                              | STATE |   |                         | SM                            | OVER 12 | UNDER 12 |
|  |             |                  |                                   |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                         |                               |         |          |
|  |             |                  |                                   |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                         |                               |         |          |
|  |             |                  |                                   |       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                         |                               |         |          |
| 32. DATE TERMINATED QUARTERS (IF APPLICABLE)   |             |                  |                                   |       | 33. DATE ASSIGNED QUARTERS (IF APPLICABLE)                  |                         |                               |         |          |
| 34. DEPARTURE DATE FROM OLD DUTY STATION   |             |                  |                                   |       | 35. ARRIVAL DATE AT NEW DUTY STATION                        |                         |                               |         |          |
| I hereby certify that I was required to obtain temporary lodging for the days noted above: |             |                  |                                   |       |   |                         |                               |         |          |
| 36. DATE OF SIGNATURE  |             | 37. PRINTED NAME |                                   |       | 38. SIGNATURE   |                         |                               |         |          |
| THIS DEPOSIT WILL BE MADE ELECTRONICALLY TO YOUR PAYROLL DIRECT DEPOSIT ACCOUNT.           |             |                  |                                   |       |   |                         |                               |         |          |
| 39. DATE OF SIGNATURE  |             | 40. TIME         | 41. PRINTED NAME OF FINANCE CLERK |       | 42. SIGNATURE OF FINANCE CLERK                              |                         |                               |         |          |
| 43. COMMENTS   |             |                  |                                   |       |   |                         |                               |         |          |