



CHANGE OF ORDERS FORMAT 1

Use this packet if the one of the following exists:
(check one)

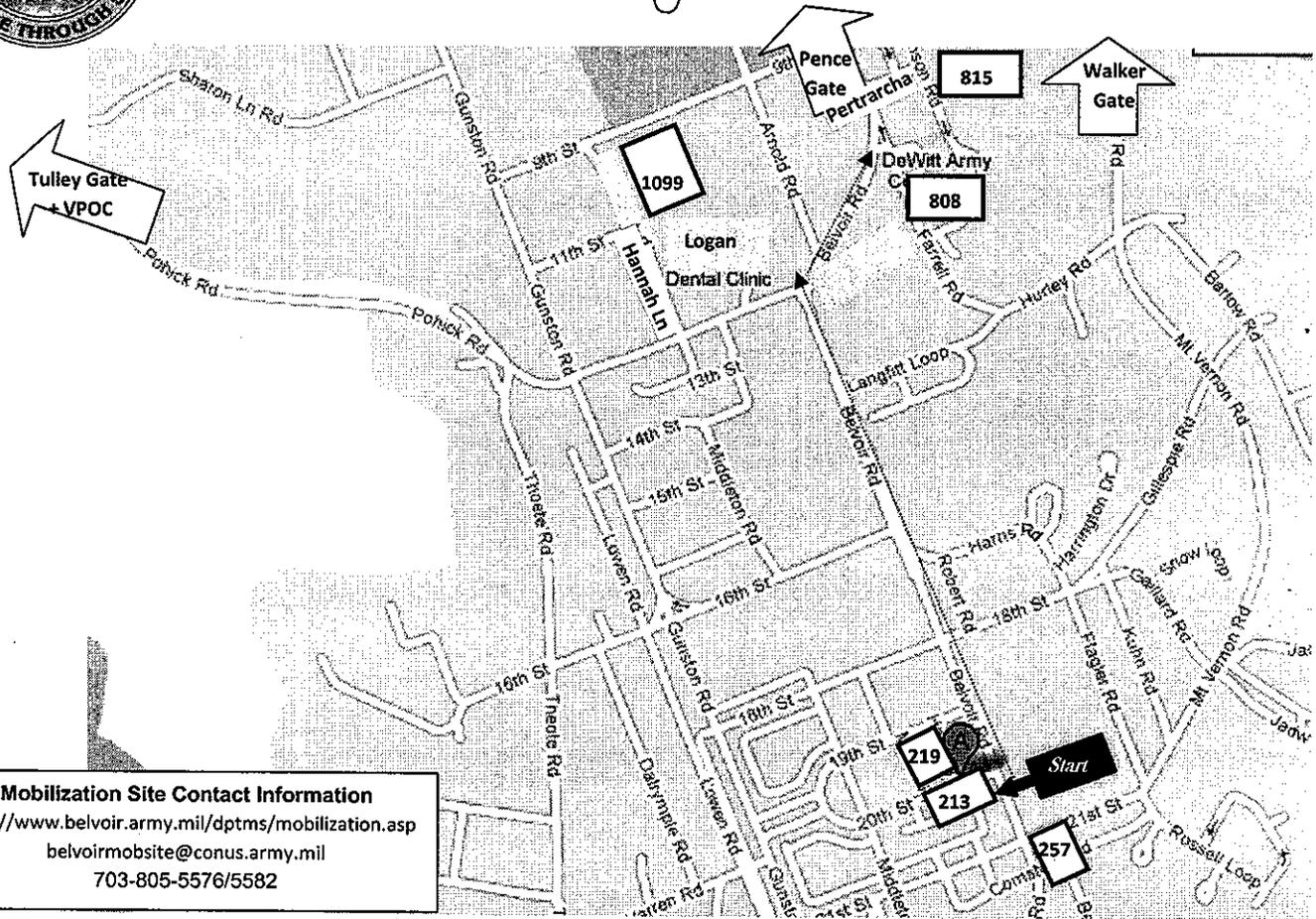
- _____ All extensions/amendments to Orders without Acct Class change
(MOB/CO-ADOS/ADOS/ADT)
- _____ ADT (7) to MOB (8) (both w/Acct Class code)
- _____ ADOS (7) to ADOS (7)
- _____ ADOS (7) to UCMJ(both w/no Acct Class code*)
- _____ CO-ADOS (7) (w/no Acct Class code) to CO-ADOS (7) (w/no Acct Class
Code*)
- _____ CO-ADOS (7) (w/Acct Class code) to CO-ADOS (7) (w/Acct Class code)
- _____ CO-ADOS (7) (w/Acct Class code) to MOB (8)
- _____ MOB (8) to CO-ADOS (7) (w/Acct Class code)
- _____ MOB (8) to ADT (7) (both w/Acct Class code)
- _____ MOB(8) to MOB(8)
- _____ UCMJ to ADOS (7) (both w/no Acct Class code*)

* "No Acct Class Code" means that the SM (Service Member) is on active side; During Phase 3 at the Defense Military Pay Office, the SM will see SFC Cooper, not Ms "Peaches" Greene.

If deployed overseas provide the Statement of Service.



Fort Belvoir Change of Orders - Format 1



Mobilization Site Contact Information
<http://www.belvoir.army.mil/dptms/mobilization.asp>
 belvoirmobsite@conus.army.mil
 703-805-5576/5582

Phase 1 – Start at DPTMS Mobilization Site, Bldg 213, room 221, 5815 20th St.
 (Monday – Friday, 0845 -1130 and 1300 – 1530 hours)

Phase 2 – * Directorate of Human Resources, Bldg 213 on 5815 20th Street,

- (1,2a)
- DD93/SGLV/System Update, in Basement
 - DEERS – Rear entrance, Main Floor

* *Please note:* SM assigned to Pentagon or DIA report to Ft Myer, Bldg 202 for DHR, Mr. Corbitt 703-696-0343/0008
 SM assigned to Walter Reed report to WRAMC

– DeWitt Health Care Network - Medical Company,

- (2b, 2c)
- TRICARE Office - Bldg 808 at DeWitt Hospital, 9501 Farrell Rd (Located in the Lobby next to the Pharmacy)
 - Medical at Bldg 815, room 123 (Multi-step process) (behind DeWitt Hospital on Stimpson Road)

– Logan Dental Clinic or servicing clinic. Bldg 1099, off of 12th Street by Hannah Lane
 (Enter Parking lot next to Van Noy Library)

(3)

– Staff Judge Advocate – Legal, Bldg 257, 9990 Belvoir Dr
 (Between 21st + 23rd St and Belvoir Rd. + Belvoir Dr.)

(4)

– Vehicle Registration at VPOC (Visitor Processing Operations Center) – Tulley Gate

(5)

Phase 3 – When Phase 2 is complete, return to the Mobilization Site for an appointment to:

- (6)
- Defense Military Pay Office, NCR, Bldg 219, 9875 Mitchie Place or applicable Pay Office
 (Between Harding & Mitchie Places, 19th & 20th Sts.-across from DHR) Ms "Peaches" Greene
 (**Appointment necessary for Inprocessing, Tuesday & Thursday @ 830 only.**)

Phase 4 – When Phase 3 is complete, return signed/completed checklists (Medical & Inprocessing), SGLI and DD93 to the Mob Site.

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see AR 37-104-4; the proponent agency is ASA (FM)</small>				PRIVACY ACT STATEMENT									
1. NAME (Last, First, MI)				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397.									
2. SOCIAL SECURITY NUMBER		3. GRADE		PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA).									
4. TYPE OF ACTION				ROUTINE USE: 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.									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;">START</td> <td style="width:25%; text-align: center;">CANCEL</td> <td style="width:25%; text-align: center;">CHANGE</td> <td style="width:25%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td style="text-align: center;">STOP</td> <td colspan="2" style="text-align: center;">RECERTIFICATION</td> </tr> </table>		START	CANCEL	CHANGE	REPORT	CORRECT	STOP	RECERTIFICATION		DISCLOSURE IS VOLUNTARY: 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.			
START	CANCEL	CHANGE	REPORT										
CORRECT	STOP	RECERTIFICATION											
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYMMDD)	7. BAQ TYPE								
					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">WITH DEPENDENTS</td> <td style="width:50%; text-align: center;">PARTIAL</td> </tr> <tr> <td style="text-align: center;">WITHOUT DEPENDENTS</td> <td></td> </tr> </table>	WITH DEPENDENTS	PARTIAL	WITHOUT DEPENDENTS					
WITH DEPENDENTS	PARTIAL												
WITHOUT DEPENDENTS													
8. MARTIAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY									
<input type="checkbox"/> a. SINGLE	<input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))	<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))	<input type="checkbox"/> a. ADEQUATE (see block (1))	<input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))									
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))	<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))		<input type="checkbox"/> c. TRANSIENT (see block (3))	<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 (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)										
(6) If child support received from another military member, complete (1), (2) & (3).													
10. DEPENDENTS/SHARERS (Continue on back if required)													
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)		RELATIONSHIP	DOB OF CHILDREN								
11. CERTIFICATION OF DEPENDENT SUPPORT													
<input type="checkbox"/> I certify that I provide, or am will 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 _____													
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON													
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 (PITI) or Rent			(1) Rental/Residential Address:	(1) Landlord's Name and Address:									
(2) Insurance													
(3) Other			(2) Effective Date:	(3) Expiration Date:	(2) Landlord's Phone No.								
TOTALS													
			(4) Number of Sharers (show name(s) and address in block 10.)										
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. IMPORTANT: 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		16. DATE							

STATE OF LEGAL RESIDENCE CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Tax Reform Act of 1976, Public Law 94-455.

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

ROUTINE USES: Information herein will be furnished State authorities and to Members of Congress.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

NAME (*Last, first, middle initial*)

SOCIAL SECURITY NUMBER (*SSN*)

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.

SIGNATURE

CURRENT MAILING ADDRESS (*Include ZIP Code*)

DATE

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself if no one else can claim you as a dependent. A _____
- B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } B _____
- C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____
- F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit F _____
- (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. G _____
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H _____
- For accuracy, complete all worksheets that apply.
 { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2009
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____
- Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____
- Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____
- Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____
- Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 _____
- If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- Enter the number from line 2 of this worksheet 4 _____
- Enter the number from line 1 of this worksheet 5 _____
- Subtract** line 5 from line 4 6 _____
- Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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 using it 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.

STATEMENT TO SUBSTANTIATE PAYMENT OF FAMILY SEPARATION ALLOWANCE (FSA)

PRIVACY ACT STATEMENT

AUTHORITY: Title 37, U.S. Code, Section 427.
PRINCIPAL PURPOSE: To evaluate member's application for FSA.
ROUTINE USES:
 a. Serves as substantiating document for FSA payments and input into the member's pay account.
 b. Provides an audit trail for validating propriety of payments and to assist in collecting erroneous payments.
 c. Provides a record in service member's pay account and for safekeeping.
DISCLOSURE: Disclosure of your social security number and other personal information is voluntary. However, if requested information is not provided, FSA will not be considered.

1. NAME OF MEMBER <i>(Last, First, Middle Initial)</i>	2. GRADE	3. SOCIAL SECURITY NUMBER	4. BRANCH AND ORGANIZATION
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PART I - MEMBER COMPLETES THIS SECTION TO SUBSTANTIATE ENTITLEMENT TO FSA

5. TYPE II <i>(X as applicable)</i> <input type="checkbox"/> FSA-T (Temporary) <input type="checkbox"/> FSA-R (Restricted) <input type="checkbox"/> FSA-S (Ship)	6. COMPLETE CURRENT ADDRESS(ES) OF DEPENDENT(S)
7. DATE (DDMMYY) DEPARTED RESIDENCE TO UNIT HOME STATION <i>(Mobilized Members)</i>	

8. I CERTIFY TO THE FOLLOWING FACTS *(X applicable box(es))*

a. I am not divorced or legally separated from my spouse.

b. My dependent child (children) was (were) not in the legal custody of another person when I received my military orders.

c. My dependent (other than my spouse; see line f, below) is not a member of the military service on active duty.

d. My sole dependent is not in an institution for a known period of over 1 year or a period expected to exceed 1 year.

e. I am claiming FSA for my parent(s) for whom I have a current and approved dependency status and am residing with, and I maintain a residence(s) for my dependent(s). I have assumed the liability and responsibilities thereof at the address(es) shown above, where I likely reside during periods of leave or such other times as my duty assignment may permit.

f. I am married to another military member currently serving on active duty and my spouse was was not residing with me immediately before being separated by execution of my military orders.
 Spouse's SSN: _____ Branch and Component: _____

g. My last TDY or deployment, if any, was was not within the last 30 days from this TDY or deployment.

9. I understand that I must notify my commanding officer immediately upon any change in dependency status and if my sole dependent or all of my dependents move to or near this station or if my dependent(s) visit at or near this station for more than 90 continuous days (more than 30 continuous days in the case of FSA-T (Temp) or FSA-S (Ship) while I am in receipt of FSA.

a. DATE (DDMMYY)	b. SIGNATURE OF MEMBER
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PART II - CERTIFYING OFFICER COMPLETES THE APPROPRIATE SECTION(S) BELOW

10. TYPE II - FSA-T. Member has been ordered to and has performed temporary duty (TDY) at the location(s) shown below for more than 30 continuous days. This (these) location(s) is (are) outside a reasonable commuting distance from the member's permanent duty station (PDS pertains to active component) or the home of residence (HOR pertains to reserve component). A distance of 50 miles, one way, is normally considered to be within a reasonable commuting distance of a PDS or HOR. "Within a reasonable commuting distance" also may include distances of less than 50 miles and the time required to travel, under unusual conditions, does not exceed 1-1/2 hours. *(Attach a blank page for continuation if necessary.)*

a. LOCATION	b. INCLUSIVE DATES OF TDY/T (From/To)	c. NO. OF DAYS

11. TYPE II - FSA-R. Member departed (PCS/detached) from _____ on _____
(Last permanent duty station) *(DDMMYY)*
 and was on leave en route _____, proceed time _____
(Inclusive leave dates - DDMMYY) *(Inclusive dates)*
 and the member reported to _____ on _____
(PDS) *(DDMMYY)*. Transportation of dependent(s) is not authorized at government expense to this station or to a place near this station.

12. TYPE II - FSA-S. Member was serving on orders, on board ship, away from homeport commencing (DDMMYY) _____

a. NAME OF SHIP/UNIT	b. HOMEPORT
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13. Travel performed under authority of orders _____, dated _____

14. Member claiming Type II FSA, is receiving basic allowance for housing (BAH) (or residing in government type quarters) as a member with dependents or member married to a military member.

15. DATE (DDMMYY)	16. CERTIFYING OFFICER	
	a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. TITLE
	c. ORGANIZATION	d. SIGNATURE

PERSONAL DATA SHEET

Today's Date: _____

1. Name: _____
2. Rank/Grade: _____
3. Race: _____ (Data used for e-Milpo purposes)
4. SSN: _____ - _____ - _____
5. Order Type: _____
6. Order UIC: _____
7. Order Number: _____
8. Order Start Date: _____ Order End Date: _____
9. Current Unit: _____
10. Current Unit Phone: _____
11. Unit Point of Contact: _____
12. POC Phone: _____
13. Home Unit Address: _____
14. Home Address: _____
City _____ State _____ Zip Code _____
15. Home Phone: (____) _____ - _____
16. Cell phone or Pager: (____) _____ - _____
17. Emergency Point of Contact: _____ (____) _____ - _____
(Name) (Phone)
18. Area of Operations Deployed: CONUS or OCONUS (circle one)
19. Date activated to Active Duty (If USAR): _____
20. Date (s) Deployed: _____ Redeployed: _____
(Iraq-Afghanistan)
21. Email address (AKO): _____ @US.ARMY.MIL

Disclosure of this information is voluntary; however, failure to disclose the requested information could result in improper inprocessing.