

AGR Officer Soldier In-Processing Check List

Name _____ SSN _____

Date In-processed _____

Cell Phone Number _____

E-mail _____

1. _____ AGR Tour Orders (THREE COPIES)
2. _____ W-4 Form (Use 2011 version)
3. _____ State of Georgia Withholding Form G-4 (Rev. 12/09)
4. _____ State of Legal Residence DD Form 2058
5. _____ Direct Deposit SF 1199A
6. _____ Jumps – JSS Pay DA 3685(paid once/twice a month)
7. _____ BAH - DA Form 5960 (Married/Child documents)
8. _____ SGLV – SGLI 8286
9. _____ Rations (NO FORM)
10. _____ Clothing Allowance
(Unit Level Finance Manual Form) Initial is \$400.00/Additional is \$200.00
11. _____ Carrying over Leave – DA Form 4187
12. _____ TSP – TSP-1
13. _____ Allotments – DD Form 2558

Questions for Military Pay: _____

AGR POC – SGT Maurika Flores 678-569-6296/SSG Joni Hurley 678-569-6094

Form W-4 (2011)

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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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-earners/multiple jobs 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 Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

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 2011. 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: <ul style="list-style-type: none"> • 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 \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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.) ▶ <ul style="list-style-type: none"> • 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 (\$10,000 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. 	H	

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶		
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 (This 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)

STATE OF GEORGIA

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. YOUR FULL NAME	2. YOUR SOCIAL SECURITY NUMBER
HOME ADDRESS (Number, Street, or Rural Route)	CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: enter 0 or 1 []
- B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 []
- C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 []
- D. Married Filing Separate: enter 0 or 1 or 2 []
- E. Head of Household: enter 0 or 1 or 2 []

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(complete worksheet below)

6. ADDITIONAL WITHHOLDING \$ _____

7. LETTER USED (Marital Status A, B, C, D, or E) _____ TOTAL ALLOWANCES (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables on pages 16 through 35 of the Employer's Tax Guide)

8. EXEMPT: I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here .

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 if the employee claims over 14 allowances or exempt from withholding. Mail entire form to Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____ EMPLOYER'S FEIN: _____
EMPLOYER'S WH#: _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over Blind
Spouse: Age 65 or over Blind Number of boxes checked ____ x 1300 \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

- A. Federal Estimated Itemized Deductions \$ _____
- B. Georgia Standard Deduction (enter one):
Single/Head of Household \$2,300
Each Spouse \$1,500 \$ _____
- C. Subtract Line B from Line A \$ _____
- D. Allowable Deductions to Federal Adjusted Gross Income \$ _____
- E. Add the Amounts on Lines 1, 2C, and 2D \$ _____
- F. Estimate of Taxable Income not Subject to Withholding \$ _____
- G. Subtract Line F from Line E (if zero or less, stop here) \$ _____
- H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above
(This is the number of additional allowances. If the remainder is over \$1,500 round up).

CREATE AS MANY COPIES AS NEEDED

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 (<i>Last, first, middle initial</i>)	SOCIAL SECURITY NUMBER (<i>SSN</i>)
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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 (<i>Include ZIP Code</i>)	DATE
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DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																					
CITY	STATE	ZIP CODE																					
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)																					
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security																					
C CLAIM OR PAYROLL ID NUMBER <i>SSN</i>		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																					
Prefix	Suffix	<input type="checkbox"/> Supplemental Security Income																					
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<input type="checkbox"/> Railroad Retirement																					
SIGNATURE		<input type="checkbox"/> Mil. Active																					
DATE		<input type="checkbox"/> Mil. Retire.																					
SIGNATURE		<input type="checkbox"/> Civil Service Retirement (OPM)																					
DATE		<input type="checkbox"/> Mil. Survivor																					
SIGNATURE		<input type="checkbox"/> VA Compensation or Pension																					
DATE		<input type="checkbox"/> Other _____ <i>(specify)</i>																					
JOINT ACCOUNT HOLDERS' CERTIFICATION (<i>optional</i>) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)																					
SIGNATURE		TYPE	AMOUNT																				
DATE		SIGNATURE																					
SIGNATURE		DATE																					

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT											
DEPOSITOR ACCOUNT TITLE		<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>												<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.															
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE												

Financial institutions should refer to the GREEN BOOK for further instructions.
 THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

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.

1. HOW DO YOU WANT TO BE PAID? (X one item.)	2. METHOD OF PAYMENT (X one item.)
a. Once a Month	a. Sure Pay/Direct Deposit (Complete Section 4.)
b. Twice a Month	b. Check to Address (Complete 5.)
3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)	
a. If a held pay amount is also desired, check box and enter amount.	b. SPECIFY AMOUNT \$

4. SURE PAY/DIRECT DEPOSIT (X one box.)	
a. SF 1199A attached. (Complete items (1) through (5)).	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)

5. CHECK TO ADDRESS (Provide complete mailing address.)				
a. STREET NO., RR NO., P.O. BOX				
b. CITY	c. STATE	d. ZIP CODE	e. COUNTRY	

6. REMARKS

7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.				
a. TYPED OR PRINTED NAME			e. NAME AND ADDRESS OF ORGANIZATION	
b. SSN				
c. SIGNATURE		d. DATE		

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see 37-104-3; 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:15%; text-align: center;">START</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">CANCEL</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">CHANGE</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">REPORT</td> </tr> <tr> <td style="text-align: center;">CORRECT</td> <td></td> <td style="text-align: center;">STOP</td> <td></td> <td style="text-align: center;">RECERTIFICATION</td> <td colspan="2"></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																
					<input type="checkbox"/> WITH DEPENDENTS		<input type="checkbox"/> PARTIAL																
					<input type="checkbox"/> WITHOUT DEPENDENTS																		
8. MARTIAL/DEPENDENCY STATUS					9. QUARTERS ASSIGNMENT/AVAILABILITY																		
a. SINGLE		b. MARRIED <small>(see blocks (1), (2) & (3))</small>		c. DIVORCED <small>(see blocks (1), (2) & (3))</small>			a. ADEQUATE <small>(see block (1))</small>		b. INADEQUATE <small>(see blocks (1), (2) & (4))</small>														
d. LEGALLY SEPARATED <small>(see blocks (1), (2) & (3))</small>			e. DEPENDENT CHILD <small>(see blocks (4), (5) & (6))</small>			c. TRANSIENT <small>(see block (3))</small>		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.					<input type="checkbox"/> MEMBER ELECTION <small>(Member in grade E7 and above)</small>		<input type="checkbox"/> COMMANDER DETERMINATION <small>(attached)</small>																
(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																							
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.																							
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						(2) Effective Date:		(3) Expiration Date:		(2) Landlord's Phone No.													
(3) Other																							
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														

Please read the instructions before completing this form.

Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply)

- Name or update your beneficiary
- Reduce the amount of your insurance coverage
- Decline insurance coverage

Important: This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.

Last name	First name	Middle name	Rank, title or grade	Social Security Number
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Branch of Service (Do not abbreviate)	Current Duty Location
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Amount of Insurance

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to *Beneficiary(ies) and Payment Options*. **If you want less than \$400,000 of insurance**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

Declining SGLI coverage also cancels all family coverage and traumatic injury protection under the SGLI program.

- I want coverage in the amount of \$ _____ Your initials _____
- _____

(Write "I do not want insurance at this time.")

*Note: Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of Veterans' Group Life Insurance you can convert to upon separation from service.

Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (if known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal				
1. _____				Lump sum
2. _____				
3. _____				
4. _____				
<input type="checkbox"/> Additional Principals on page 4 (check if applicable)				
Contingent				
1. _____				
2. _____				
3. _____				
4. _____				
<input type="checkbox"/> Additional Contingents on page 4 (check if applicable)				

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:

- This form cancels any prior beneficiary or payment instructions.
- The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.
- If I am married or if I get married after completing this form, **my spouse is automatically covered under Family SGLI for which premiums will be deducted from my pay**, unless I decline Family SGLI coverage by completing SGLV 8286A. For Family SGLI premium deductions, my spouse **MUST** be registered in DEERS. **Failure to do so will result in debts owed for unpaid premiums.**

SIGN HERE IN INK ➤ _____

(Your signature. Do not print.)

Date: _____

Do not write in space below. For official use only.

RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
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THRIFT SAVINGS PLAN ELECTION FORM

TSP-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 your agency personnel or benefits office.** Your agency 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. _____
Street Address City State Zip Code
3. _____ 4. (_____) _____
Social Security Number Daytime Phone (Area Code and Number)
5. _____
Office Identification (Agency and Organization)

II. START OR CHANGE YOUR CONTRIBUTIONS

To start or change the amount of your contributions to your TSP account, enter **either** a whole percentage of your basic pay per pay period (Item 6) **or** a whole dollar amount per pay period (Item 7). Skip to Section IV.

6. _____ .0% OR 7. \$ _____ .00

III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a Federal Employees' Retirement System (FERS) employee, your Agency Matching Contributions will stop, but Agency Automatic (1%) Contributions will continue. Read the instructions on the back.)

8. I choose not to save for my retirement. Please stop my payroll contributions to my TSP account.

Your payroll contributions will stop no later than the first full pay period after your agency employing office receives this form. If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period. (See note on back.)

IV. SIGNATURE

9. _____ 10. _____
Participant's Signature Date Signed (mm/dd/yyyy)

V. FOR EMPLOYING OFFICE USE ONLY

11. _____ 12. _____ 13. _____
Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)
14. _____
Signature of Agency 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. We will use this information 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. We may share the information 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. We may disclose relevant portions of the information 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, we will not be able to process your request.



ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

Form TSP-1 (12/2010)
PREVIOUS EDITIONS OBSOLETE

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

PRIVACY ACT STATEMENT

AUTHORITY: 37 U.S.C. Section 701, E.O. 9397.

PRINCIPAL PURPOSE: To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

TO BE COMPLETED BY ALLOTTER

1. BRANCH OF SERVICE (X one) <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY		2. NAME OF ALLOTTER (Last, First, Middle Initial) (Print or type)		3. SSN		4. PAY GRADE			
5. ADDRESS OF ALLOTTER (Street or Box Number, City, State, ZIP Code)				6. DAYTIME TELEPHONE NUMBER (Include Area Code)		7. EFFECTIVE DATE (YYYYMM)		8. MONTHLY AMOUNT OF ALLOTMENT \$	
9. NAME OF ALLOTTEE (First, Middle Initial, Last)				10. ALLOTMENT ACTION (X one) <input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE				11. TERM IN MONTHS	
12. CREDIT LINE (If applicable)				13. ALLOTMENT CLASS AUTHORIZED (X one) <input type="checkbox"/> C - CHARITY/CFC <input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS (Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)) <input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION <input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION (Red Cross, Relief Society, etc. - Navy and Marine Corps only) <input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM <input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES <input type="checkbox"/> - OTHER (Specify)					
14. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, ZIP Code)									
15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)									
16. REMARKS									
17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER				18. ACCOUNT NUMBER/POLICY NUMBER				<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
				19. TOTAL CLASS L AMOUNT \$			20. TOTAL CLASS T AMOUNT \$		

STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- Ensuring that the information is correct;
- Reviewing my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- Collecting overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- Contacting the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

21. SIGNATURE OF ALLOTTER	22. DATE (YYYYMMDD)
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NOTE 1. Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

NOTE 2. This is a voluntary allotment and can be to any payee you desire.