University of Massachusetts
Moving Expense Tax Form

1. Payments: Payment Description Amount Paid or Reimbursement by the University of Massachusetts

A. Transportation and storage of household goods (storage charges except those incurred in transit and foreign moves - 1C)

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</tbody>
</table>

6 Subtotal, Section A: lines 1-5

7. Portion on Section A: line 6 that was paid directly to vendors (3rd party payments)

8. Subtract Part A line 7 from Part A Line 6 (This amount will be reported on the employee's W-2 in Box 12 with no tax withholdings)

B. Travel and lodging payments for expenses while moving from old to new home (meals, temporary living, househunting expenses - 1C)

1. Auto mileage reimbursement at 23 cents per mile 2015, use standard mileage rate for period expense was incurred (The University only reimburses up to the IRS mileage rate)

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6 Subtotal, Section B: lines 1-5

7. Portion on Section B: line 6 that was paid directly to vendors (3rd party payments)

8. Subtract Part B line 7 from Part B Line 6 (This amount will be reported on the employee's W-2 in Box 12 with no tax withholdings)

C. List of all other payments (specify)

<table>
<thead>
<tr>
<th>1</th>
<th>Temporary living expenses</th>
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<tbody>
<tr>
<td>2</td>
<td>House hunting expenses</td>
</tr>
<tr>
<td>3</td>
<td>All expenses incurred more than a year after employee first reported to work</td>
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<tr>
<td>4</td>
<td>All Meals, Food (per diem not allowed, actual receipts required)</td>
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<tr>
<td>5</td>
<td>Storage charges except those incurred in transit and foreign moves, storage for more than 30 consecutive days</td>
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<tr>
<td>6</td>
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</tbody>
</table>
| 7 | 8 Total Section C; lines 1 to 7, Other Payments. (This amount will be reported in the W-2 in Box 1 and the amount will be subject to payroll withholdings.)

Total Payments

2. Is your move to work at UMASS at least 50 miles farther from your former home than your old job location was from your former home? _____ YES _____ NO

3. Will you be working full time for at least 39 weeks during the first 12 months of employment? _____ YES _____ NO

4. Required Signatures

Employee's Signature _______________ Employee's ID # _______________ Department Head's Signature

Print Employee's Name _______________ Date _______________ Print Department Head's Name

A/P Assistant Manager Signature

Print A/P Assistant Manager Name _______________ Date _______________

Controller's Office Use Only

<table>
<thead>
<tr>
<th>W-2 Box 1 (subject to withholding) $</th>
<th>W-2 Box 12 (reportable) $</th>
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<tbody>
<tr>
<td></td>
<td>2015</td>
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