

Headquarters U.S. Air Force

Integrity - Service - Excellence

Military Pay



22 May 2018
Version #1



Overview

- Reserve Pay Office
- IMA Welcome Package
- Completing Pre-Cert AF938 for a Long Tour
- Completing Close-Out AF938 for a Short Tour
- Methods to submit orders for Pay (TODC)
- All other inquires (excluding travel) submit to RPO
- myPers Beta Testing
- HQ RIO/RPO Leave Carry-Over
- Setting up MyPay



Reserve Pay Office (RPO)

- Processes all IDT, MPA, RPA, AT Orders for Pay
- Forward all pay/leave requests by e-mail, fax or use myPers:
 - Phone: (720) 847-3711 , DSN 847-3711
 - Fax: (720) 847-3960, DSN 847-3960
 - E-mail: arpc.riorpo.1@us.af.mil
 - Website: <http://www.arpc.afrc.af.mil/HQRIO/IMA-RPO.aspx>
- All IRs must use HQ/RIO Reserve Pay Office (RPO) as their finance office according to AFMAN 65-116 Vol III.



IMA Welcome Package for In-processing



IMA Welcome Package

MILITARY PAY IN-PROCESSING PACKET

CHECKLIST OF REQUIRED DOCUMENTS FOR MILITARY PAY

NAME: _____ SSN: _____ DATE: _____

PHONE NUMBER: (____) _____ EMAIL: _____

SIGNATURE: _____

*** **ALL FORMS** ARE REQUIRED FOR MILITARY PAY IN-PROCESSING ***
<MISSING OR INCOMPLETE FORMS WILL RESULT IN A DELAY OF YOUR PAY>

PLEASE INITIAL NEXT TO EACH FORM INCLUDED IN YOUR PACKET

	1. DD 1288 OR APPOINTMENT ORDER
	2. DIRECT DEPOSIT FORM (SF 1199A)
	3. W-4 FEDERAL TAX WITHHOLDING
	4. STATE OF LEGAL RESIDENCE CERTIFICATE (DD 2058)
	5. SGLI-SERVICE GROUP LIFE INSURANCE (see note below)
	6. ADDRESS CHANGE FORM (AF 1745)
	7. BASIC ALLOWANCE FOR HOUSING (AF 594) <small>*MUST INCLUDE MARRIAGE CERTIFICATE OR CHILD(REN) BIRTH CERTIFICATE IF APPLICABLE</small>
	8. BENEFITS WAIVER (AF 1962)
	9. DD 214 – FOR ALL PRIOR SERVICE DATES

***Please visit <https://www.benefits.va.gov/insurance/SOES.asp> to complete SGLI election



IMA Welcome Package

Standard Form 1199A (EG)
 (Rev. June 1987)
 Prescribed by Treasury
 Department
 Treasury Dept. Cr. 1076

OMB No. 1510-0007

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 (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	F TYPE OF PAYMENT (Check only one)	
TELEPHONE NUMBER	ZIP CODE	<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/MIL Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Surplus <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other Air Reserve Pay <small>(specify)</small>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
C CLAIM OR PAYROLL ID NUMBER		TYPE <input type="checkbox"/> AMOUNT <input type="checkbox"/>	
SSN:			
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)	
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.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

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

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

NAME OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
DEPOSITOR ACCOUNT TITLE				
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	
NA	NA	NA	NA	

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.

NSN 7540-01-058-0224

PAYEE COPY

1199-207

Designed using Perform Pro, WHS/DIOR, Mar '97



IMA Welcome Package

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		
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The formula for changing your State of legal residence/domicile is simply stated as follows: <u>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.</u> 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.</p> <p>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.</p>		
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

DD FORM 2058, FEB 77 (EG)

Designed using Perform Pro, WHS/DIOR, Jul 94



IMA Welcome Package

APPLICATION & AUTHORIZATION TO START, STOP OR CHANGE BASIC ALLOWANCE FOR HOUSING OR RECERTIFICATION OR DEPENDENCY DETERMINATION/REDETERMINATION OR ESM START/STOP FOR MEMBERS ASSIGNED/TERMINATING UNACCOMPANIED PERSONNEL HOUSING			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 37 USC 403, Public Law 96-343, EO 9397</p> <p>PURPOSE: To start, adjust or terminate military member's entitlement to BAH or to provide required Entitlement Recertification or Dependency Determination/Redetermination or ESM start/stop for eligible members E6 and below assigned/terminating unaccompanied personnel housing.</p> <p>ROUTINE USE(S): Information may be disclosed to the Internal Revenue Service for tax information on members Social Security Administration or information on tax deducted, Department of Veteran Affairs for education and group life insurance information, and the Department of Justice for investigating or prosecuting possible violations of the law, the American Red Cross for information concerning the needs of the member or dependents emergency situations, the Air Force to determine needs of a member or dependents in emergency situations and for verification of loan applications, state and local governments for tax and welfare insurance companies for allotment information and financial institutions, for deposits and/or payments.</p> <p>DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH</p>			
PART A - IDENTIFICATION & DUTY LOCATION		LODGING OFFICIAL	
1. NAME (Last, First, MI)	2. SSN	3. GRADE	4. PHONE
5A. DUTY LOCATION (Base, State, ZIP Code or Country)		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____ ADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____ INADEQUATE QUARTERS EFFECTIVE DATE: <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED UNIT # _____ TRANSIENT QUARTERS OCCUPIED - UNIT # _____	
5B. E-MAIL ADDRESS		EFFECTIVE DATES FROM: _____ TO: _____	
PART B - MARITAL/DEPENDENT STATUS		TITLE	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S) MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE: _____ _____ <input type="checkbox"/> DIVORCED (Date) _____ <input type="checkbox"/> LEGALLY SEPARATED (Date) _____		SIGNATURE Click to sign DATE	
7. NON-CUSTODIAL PARENTS: I PAY <input type="checkbox"/> THE FULL AMOUNT OF WITH-DEPENDENT RATE BAH, OR <input type="checkbox"/> \$ _____ .00 PER MONTH FOR DEPENDENT SUPPORT BASED ON: a. <input type="checkbox"/> DIVORCE DECREE b. <input type="checkbox"/> COURT ORDER c. <input type="checkbox"/> LEGAL SEPARATION AGREEMENT, OR d. <input type="checkbox"/> WRITTEN AGREEMENT WITH CHILD'S CUSTODIAN			
8.1 <input type="checkbox"/> CLAIM BAH FOR THE DEPENDENT <input type="checkbox"/> IN <input type="checkbox"/> NOT IN MY LEGAL AND PHYSICAL CUSTODY LISTED BELOW (Effective Date): _____ <i>Note: Indicate the civilian dependent(s) you are claiming and the relationship (i.e., spouse, minor child, incapacitated child, stepchild or parent). For other than spouse or minor child, see list of potential dependents in Part C below. If dependent(s) is a child, include the date of birth (DOB).</i>			
(a) NAME (Last, First, MI)	(b) ADDRESS, CITY, STATE, ZIP OR COUNTRY	(c) RELATIONSHIP	(d) DOB
9. IF DEPENDENT NAMED ABOVE IS A CHILD WHOSE PARENT IS A MILITARY MEMBER, OR THE SPOUSE OF A MEMBER PROVIDE THE FOLLOWING			
NAME	SSN	BRANCH OF SERVICE	STATION
PART C - MEMBER'S CERTIFICATION (For members with dependents)			
<input type="checkbox"/> I certify that I provide adequate support (see AF 36-2906 and JFTR ch 10) for the dependents named above. I am aware that failure to adequately support the above named dependents will result in stopping BAH, and recouping allowances paid for any prior periods of non-support.			
CERTIFICATION FOR MEMBERS RECEIVING BAH FOR SECONDARY DEPENDENTS (package must be sent to DFAS IN for determination). (Parents, parents-in-law, stepparents, parents-by-adoption, or in-laws-parents, Students 21 and 22 years of age, Incapacitated children over age 21, or Ward of a court). I certify that this is my first application <input type="checkbox"/> YES <input type="checkbox"/> NO If no, give date your last application was filed, _____ I understand that my failure to comply with the applicable requirements may result in cancellation of my BAH. Furthermore, I understand that making a false statement or claim against the US Government is punishable by court martial and that the penalty for willfully making a false claim, or false statement in connection with a claim is a maximum fine of \$10,000 or imprisonment for 5 years, or both. I will report any changes of dependent's status or residence, as well as any changes in my housing arrangements immediately to the Financial Services Office (FSO). I also understand that my failure to comply with appropriate requirements may cause involuntary collection of any resulting indebtedness retroactive to the date the entitlement became erroneous.			
MEMBER'S SIGNATURE			DATE

AF Form 594, 20130729

PREVIOUS EDITION IS OBSOLETE



IMA Welcome Package

ADDRESS CHANGE FORM						
PRIVACY ACT STATEMENT						
<p>Personal information is solicited on this form. As required by the Privacy Act of 1974, we advise:</p> <p>1. AUTHORITY: 37 U.S.C. 101 et seq, 5 U.S.C., Chapter 55; 10 U.S.C., Chapters 67, 71, and 871; Title 39, U.S.C. 406 and Title 10, U.S.C. 8013; E.O. 9397, Nov 1943</p> <p>2. PRINCIPAL PURPOSES: To permit address changes for the Joint Uniform Military Pay System (JUMPS), the Retired Pay Systems, the Reserve component pay systems, and the civilian pay systems. To maintain a record of current address for pay related matters and bonds.</p> <p>3. ROUTINE USES: Information may be disclosed to the General Accounting Office to provide financial information; Federal, State, and local courts for tax and welfare purposes; U.S. treasury to provide information on bonds purchased; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.</p> <p>4. DISCLOSURE: Voluntary, however, failure to provide the requested information as well as the SSN may result in a delay in receipt of funds, Leave and Earnings Statement, Net Pay Advances, and miscellaneous pay-related documents.</p> <p>Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.</p>						
SECTION 1						
NAME		Social Security #		CHECK ONE: AD <input type="checkbox"/> RET <input type="checkbox"/> CIV <input type="checkbox"/> GUARD/RES <input checked="" type="checkbox"/> AIR FORCE <input checked="" type="checkbox"/> ARMY <input type="checkbox"/>		
NEW MAILING ADDRESS						
NUMBER, STREET, PO BOX						
CITY, STATE, ZIP, APO/FPO						
NEW ORGANIZATIONAL ADDRESS						
UNIT/OFFICE SYMBOL		DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE
GRADE		LOCAL ADDRESS			HOME PHONE	
FORWARDING ADDRESS						
SECTION 2						
ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS						
NEW		NEW		NEW		
<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		
BOND #1		BOND #2		BOND #3		
NAME TO WHOM MAILED		NAME TO WHOM MAILED		NAME TO WHOM MAILED		
NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX		
CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO		
NEW		NEW		NEW		
<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		<input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		
BOND #3		BOND #4		BOND #4		
NAME TO WHOM MAILED		NAME TO WHOM MAILED		NAME TO WHOM MAILED		
NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX		
CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO		
SIGNATURE OF MEMBER/EMPLOYEE				DATE		

AF Form 1745, NOV 50 (Word 6.0)

PREVIOUS EDITION WILL BE USED



IMA Welcome Package

ELECTION OF RESERVE PAY AND ALLOWANCES OR BENEFITS FROM PRIOR MILITARY SERVICE											DATE		
<small>(PRIVACY ACT OF 1974 APPLIES - SEE REVERSE)</small>													
TYPED IDENTIFICATION DATA OF RESERVIST (Name, Grade, SSN, Address)							UNIT OF ASSIGNMENT						
I - DECLARATION OF BENEFITS RECEIVED													
I certify that I <input type="checkbox"/> am <input type="checkbox"/> am not drawing a pension, retired pay, or disability compensation from any United States Government agency because of prior military service. I further certify that I <input type="checkbox"/> have <input type="checkbox"/> have not a claim pending with any United States Government agency for any of the aforementioned types of compensation. I understand that I may not accept both pay and allowances and a pension, retired pay, or disability compensation for any periods I have served on active duty, active duty training, or inactive duty training. I further understand that at any time my situation changes, I must report each change to my Personnel Officer immediately. (10 USC 684)													
SIGNATURE OF RESERVIST													
II - ELECTION TO RECEIVE PAY AND ALLOWANCES IN LIEU OF BENEFITS											Complete if applicable		
I hereby waive <input type="checkbox"/> retired pay <input type="checkbox"/> VA benefits for each day of active duty, active duty training or day in which one or more periods of inactive duty training is performed during fiscal year _____ as shown in schedule below.							VA CLAIM NO.	VA OFFICE					
SCHEDULE OF TRAINING													
TYPE OF TRAINING	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
ACTIVE DUTY DAYS													
* AFTP DAYS													
* DAYS UTAS SCHEDULED													
*Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.											TOTAL DAYS WAIVED		
SIGNATURE OF RESERVIST													
III - ELECTION TO RECEIVE BENEFITS IN LIEU OF PAY AND ALLOWANCES											Complete if applicable		
I hereby elect to waive pay and allowances for fiscal year _____ while on active duty, active duty training and inactive duty training in lieu of benefits I am receiving from _____. I understand that this election precludes my entitlement to receive any pay and allowances authorized for inactive duty training and while on active duty training including travel and other expenses incident thereto. I agree to pay all of my transportation expenses and all meals furnished by Government mess. I further agree to reimburse the Government for such expenses incurred on my behalf. This waiver will remain in effect for the entire fiscal year or remainder thereof or until such time as I may change my election during fiscal year.													
SIGNATURE OF RESERVIST													
IV - SUPPLEMENTAL WAIVER											Complete if applicable		
This section is to be used only when a previously filed AF1962 did not include total training actually performed, or which is to be performed. I hereby waive <input type="checkbox"/> retired pay <input type="checkbox"/> VA benefits for the additional days of active duty, active duty training, and/or days in which I performed one or more periods of inactive duty training during fiscal year _____, which were not included in my initial schedule of training.													
SCHEDULE OF TRAINING													
TYPE OF TRAINING	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
*Show only the number of days on which UTAs/AFTPs are performed and not the number of UTAs/AFTPs performed during a single day.											TOTAL DAYS WAIVED		
SIGNATURE OF RESERVIST													
V - RECOURPMENT OF BENEFITS WAIVED FOR TRAINING NOT PERFORMED											Complete if applicable		
I declare that I was a member of (Unit) _____ during fiscal year _____ from (date) _____ to (date) _____ and qualified to receive pay for active duty, active duty training and/or inactive duty training for _____ days, as indicated by the above revised schedule (complete schedule in Item II to show only days of training actually performed). I hereby apply for _____ days (type of benefit) as the difference between the days I waived and the days for which active duty, active duty training and/or inactive duty training pay received.													
SIGNATURE OF RESERVIST				SIGNATURE OF CBPO				DATE					
Recoupment data verified as correct				VERIFIED BY (Signature)				DATE					

AF IMT 1962 10R00701 V4



IMA Welcome Package

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate OMB No. 1545-0074 2018	
1 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 filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5	
6 Additional amount, if any, you want withheld from each paycheck		6 \$	
7 I claim exemption from withholding for 2018, 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		7	
Under penalties of perjury, I declare that I 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. ▶			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		Date ▶	
9 First date of employment		10 Employer identification number (EIN)	

or Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 10220Q Form W-4 (2018)



Certifying Your 938



Completing your AF 938

FOR THE PRE-CERTIFICATION OF ≥ 30 DAYS OR MORE ORDER

BLOCK 36a & 36b

36. STATEMENT OF TOUR OF DUTY											
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR (mil)	DAY	MONTH	MODE OF TRAVEL	
a. DEPART	HOR ADDRESS	0000	02	09	b. ARRIVE	Base Reporting to	000	02	09	PA, CP, etc.	
c. DEPART					d. ARRIVE						
37. I certify that I have complied with the instructions on this form and that the information provided on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave.						40. Member reported for duty at 0730 hours on 3 SEPT 16 and was released from duty at hours on hours					
My Spouse (Circle One) was/was not in Active Duty status during this tour.						41. CERTIFYING OFFICIAL'S PRINTED NAME				42. DSN	
I (Circle One) did/did not occupy gov't quarters.						43. CERTIFYING OFFICIAL'S SIGNATURE				44. DATE	
38. MEMBER'S SIGNATURE			39. DATE			45. TIMEKEEPER SIGNATURE					
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.											

BLOCK 37

BLOCK 40

BLOCK 38 & 39

**BLOCK 41, 42, 43 & 44
CERTIFYING OFFICIAL
INFORMATION**



Completing your AF 938

FOR SHORT TOUR < 30 DAY ORDER, ITS PROCESSED AFTER THE COMPLETION OF THE TOUR

BLOCK 36a, 36b, 36c & 36d

36. STATEMENT OF TOUR OF DUTY											
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR (mil)	DAY	MONTH	MODE OF TRAVEL	
a. DEPART	HOR ADDRESS	0000	02	09	b. ARRIVE	Base Reporting to	0000	02	09	PA, CP, etc.	
c. DEPART	Base Reported to	0000	10	09	d. ARRIVE	HOR ADDRESS	0000	10	09	PA, CP, etc.	
37. I certify that I have complied with the requirements on this form are true and complete. I certify that I have applied for appropriate leave.						CERTIFICATION 40. Member reported for duty at 0730 hours on 10 SEPT 16 and was released from duty at 1600 hours on 10 SEPT 16					
My Spouse (Circle One) was/was not in Active Duty status during this tour.						41. CERTIFYING OFFICIAL'S PRINTED NAME				42. DSN	
I (Circle One) did/did not occupy gov't quarters.						43. CERTIFYING OFFICIAL'S SIGNATURE				44. DATE	
38. MEMBER'S SIGNATURE				39. DATE		45. TIMEKEEPER SIGNATURE					
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.											

BLOCK 40- REPORT & RELEASE TIME/DATES

BLOCK 37

BLOCK 38 & 39

BLOCK 41, 42, 43 & 44 CERTIFYING OFFICIAL INFORMATION

(DATED AFTER TOUR IS

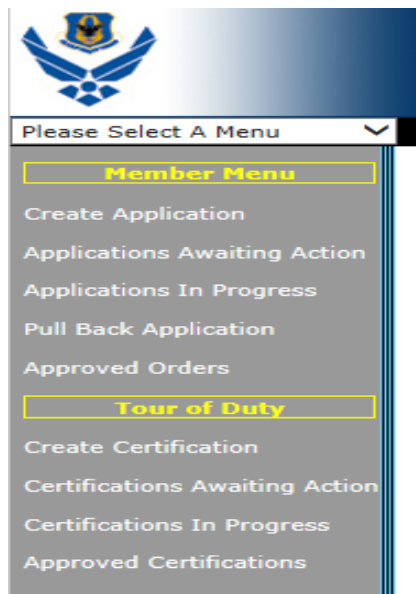


Certifying Orders in AROWS-R



Methods to submit orders for pay

- Tour of Duty Certification is online in AROWS-r website
 - This is a quick and easy process that will greatly reduce order processing time and errors. Usually posts in 10 workdays.
 - This can be accomplished by selecting the “member” option from the drop down menu, and then, under the tour of duty sub-menu, selecting “create certification”.



Create Tour of Duty

Short Tours Only
With No IDTs



HQ RIO RPO Website

Breaking Barriers ... Since 1947



HQ RIO RPO Website

<http://www.arpc.afrc.af.mil/HQRIO/IMA-RPO.aspx>

Home	Resources	Travel	Pay	Detachments
Training	Vacancies	Force Development	Awards & Boards	Entitlement & Benefits

Note: If accessing this page from a .mil computer, you may need to refresh the browser cache to see the latest content; On Windows OS, use Ctrl+F5.

IMA Pay Office

FINANCE AND PAY RESOURCES

- [Pay Processing Times](#)
- [Submit pay documents via myPers \(Beta Test\)](#)

In an effort to better serve Individual Reservists, the HQ RIO RPO is beta testing myPers as a new way to submit documents for pay. Select the button below to submit your pay documents and participate in this beta test.

[Submit Pay & Leave documents \(Click Here\)](#)

1. Scroll to IMA Reserve Pay/Travel Office
2. Select desired action
3. Complete web form as directed
4. Enter a descriptive subject and relevant text in the "Question" field
5. Use the "Choose" button to attach pay/leave documents
6. Select "Continue" to submit

MY ACCOUNT

- [Incidents/Messages](#)
- [My Documents](#)
- [Notifications](#)
- [Change Password](#)
- [My Profile](#)

LEARN MORE ABOUT

- [Assignment](#)
- [Benefits and Entitlements](#)
- [Career Management](#)
- [Classification](#)
- [Compensation](#)
- [Deployment](#)
- [Evaluations](#)
- [Force Development](#)
- [Mobilization/Demobilization](#)
- [New Hire](#)
- [Promotion](#)
- [Recognition](#)
- [Retention](#)
- [Retirement](#)
- [Separation](#)
- [Systems Support](#)
- [Training](#)

Still Need Help?

- [Contact Us](#)

[Home](#) > [Enlisted](#) > [Air Force Reserve Individual Reservist Program](#)

Air Force Reserve Individual Reservist Program

Applicable to: Air Force Reserve

The IR force is comprised of Individual Mobilization Augmentees (IMAs) and Participating Individual Ready Reservists (PIRRs), who are accountable to the Air Force Reserve Command and assigned to funded active-duty positions. Both IMAs and PIRRs augment active-component missions and are rated by active-duty or government agency supervisors.

IMA Program

- [Annual Tour](#)
- [Assignments](#)
- [DD Form 214](#)
- [Medical/LOD](#)
- [Medical Continuation \(MEDCON\)](#)
- [Non-Extended Active Duty Airmen Commissioning Program](#)
- [Participation](#)
- [Readiness](#)
- [Reenlistment/Extension](#)
- [Retirement](#)
- [Special Duty Assignment Pay and Bonus](#)
- [Training](#)
- [Transition Assistance Program \(TAP\)](#)
- [Enlisted Uniform Request](#)
- [Yellow Ribbon Program](#)

IMA Reserve Pay/Travel Office

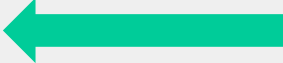
- [IMA RPO/Travel Request](#)
- [Leave Request](#)
- [Long Tours](#)
- [Short Tours](#)





HQ RIO RPO Website

FINANCE AND PAY RESOURCES

- [+ Pay Guidance](#)
- [+ Pay Forms](#)
- [+ Leave Carryover Guidance](#) 
- [+ Leave Sellback Guidance](#)
- [- Contact IMA Reserve Pay Office](#)

DSN: 847-3711

Comm: [720-847-3711](tel:720-847-3711)

Fax: 720-847-3960

Email: Arpc.riorpo.1@us.af.mil

Mailing Address:

HQ RIO/IRO

Attn: Reserve Pay Office

18420 E. Silver Creek Ave.

Bldg. 390, MS68

Buckley AFB, CO 80011

DFAS PAY CHARTS

[DFAS Pay Charts \(2017\)](#)



HQ RIO/RPO Leave Carry-Over

DD MMM YY

MEMORANDUM FOR (SUPERVISOR ORG/SYMBOL)

FROM: (MEMBER'S ORG/SYMBOL)

SUBJECT: Leave Carryover Statement of Understanding and Election

(Please initial)

1. ____ I (Typed, Rank, Name, and last 4 of SSN) have read the Air Force Reserve Command Leave Carryover Program Policy Guidance Phase II, understand the impact that it has on my tour/leave balance and have attached a copy of my leave and earnings statement (LES).
2. ____ I understand IAW 10 USC 701(k), the FY11 NDAA authorized Reserve Component members to carry leave forward from active duty tour to another tour.
3. ____ In conjunction with my next MPA/RPA/AGR/EAD tour duty starting _____, I hereby request to carry forward all of my accrued leave as noted below.
4. ____ I understand that if my order includes an extension to accommodate approved leave carryover, I must use that leave plus any accrued leave within this order.
6. ____ I understand I will lose the balance that exceeds 60 days (currently 75 days until 30 Sep 16) when crossing fiscal years, unless I am on a tour of duty that places me in a Special Leave Accrual policy.
7. ____ I understand leave is not a career continuation incentive through the accrual of large leave balances.
8. ____ The following leave was earned while in a combat zone and is tax deductible. Therefore, I am identifying the pertinent information so that taxes may be credited back to me.

____ Days of leave earned on order# _____ were in a combat zone (if applicable)



HQ RIO/RPO Leave Carry-Over

1st Ind to (OFFICE SYMBOL FOR 1ST INDORSEMENT OFFICIAL), DD MMM YY, Leave Carryover Statement of Understanding and Election

MEMORANDUM FOR (OFFICE SYMBOL FOR 2D INDORSEMENT OFFICIAL)

I have reviewed the LES and applicable orders to verify leave balances as noted above. I have also counseled the member the maximum number of days allowed to carry forward at the end of each fiscal year is 60 days (currently 75 days until 30 Sep 15).

Supervisor Signature Block and Date
(Supervisor at mbr's reporting unit)



HQ RIO/RPO Leave Carry-Over

Attachments:

Documents reflecting amount of days available to carry forward

2nd Ind to (OFFICE SYMBOL FOR 2d INDORSEMENT OFFICIAL) DD MMM YY, Leave Carryover Statement of Understanding and Election

MEMORANDUM FOR (ORIGINATOR)

I approve/disapprove (circle one) the member's request to use leave carryover during the upcoming tour. I understand that leave days will be added to the order for which approved and these leave days will be charged to the order and the applicable appropriation. For MPA requirements, I will ensure the tour end date in the M4S message reflects the additional leave carryover days and that a remark is included in the M4S message to state the number of days of leave carryover approved for the tour.

____ RPA requirement

____ MPA requirement

____ Approved

____ Disapproved

Commander Signature Block and Date
(CC at mbr's reporting unit)



RIO Connect Mobile App



Click-to-call and Email directory

Pay travel and career resources

How-to videos

Events calendar



Setting up MyPay

- MyPay can be accessed by going in www.dfas.mil and clicking on the myPay symbol
- Once in myPay on the left hand sided there is a NEW User section

The screenshot shows the myPay website interface. The 'New User' section is highlighted with a red box and an arrow pointing to it. The interface includes a login form, important information, quick links, and system availability.

myPay

Accessibility/Section 508 | Security | Privacy Notice | FAQ | System Usage | Contact Us

Log In

Account Access

Login ID:

[Forgot your Login ID?](#)

Password:

[Forgot or Need a Password?](#)

To enter your Password more securely, click on the On-Screen Keyboard link below.

[On-Screen Keyboard](#)

DoD CAC | PIV

New User

Read this First: [How New Accounts are Added to myPay](#)

Create an Account

You will need a temporary password to proceed.

Stay Connected

Important Information

myPay Scheduled Maintenance June 20

We'll be conducting scheduled maintenance between 7:00 and 11:00 a.m. EST on Saturday, June 20th. During these hours you won't be able to access your myPay account. We apologize for the inconvenience and thank you for your patience!

SmartDocs Address Has Changed

Effective May 16, DFAS "SmartDocs" emails are sent from a new address, DFAS-SmartDocs@mail.mil. These emails contain important, and sometimes vital, information to help you manage your pay. Make sure they aren't going to your junk folder so you know when your pay and tax statements are available in your myPay account, you stay up-to-date on recent policy changes, or you know when your attention is needed to update a portion of your pay account management choices.

Action Required: Internet Explorer Users

Effective April 21, 2015, if you are using an older version of the Internet Explorer web browser (7.0 or earlier), you will need to upgrade to a newer version of Internet Explorer (8.0 or later) in order to continue accessing myPay. For more information please see our article on [DFAS.mil](#)

AFFORDABLE CARE ACT

Starting in 2014, all individuals are required to have minimum essential coverage, which includes all Uniformed Service members (active duty, retired, Selected Reserve, or Retired Reserve) and their eligible family members. As a TRICARE beneficiary, you have Minimum Essential Coverage with TRICARE. More information about ACA can be found at www.dfas.mil.

System Availability

RECURRING WEEKLY SYSTEM MAINTENANCE:

All myPay Customers:

- Access to myPay unavailable between 0000 and 0100 ET daily, Monday – Friday
- Access to Travel Advice of Payment (AoP) unavailable between 1200 and 1700 ET every Sunday.
- Access to Travel Advice of Payment (AoP) unavailable between 0400 and 1900 ET every fourth Sunday of the month.

Marine Corps Customers:

- Access to LES and W-2 unavailable between 2200 ET every Friday and 0400 ET every Saturday
- Access to all transactions unavailable between 2300 ET every Friday and 0800 ET every Saturday

Quick Links

DFAS Resources

- [DFAS - Home](#)
- [How do I get a new myPay Password?](#)
- [myPay Assistance and Customer Support](#)
- [myPay SmartCard \(DoD CAC and PIV\)](#)
- [myPay Trusted agents](#)
- [Pay Inquiries: Army Active, Navy \(Active/Reserve\) Air Force \(Active/Reserve/Guard\)](#)
- [Pay Inquiries: Army National Guard](#)
- [Pay Inquiries: Army Reserve](#)
- [SmartVoucher - Complete a DD 1351-2](#)
- [Travel Voucher Checklist](#)
- [AskDFAS Tax Statement Reissue Requests](#)

External Resources

- [Adobe Reader](#)
- [Air Force Portal Login](#)
- [Army Retirement Services Office](#)
- [IRS Withholding Calculator \(Form W-4\)](#)
- [Military Compensation - Retirement Calculators](#)
- [PDHRA for Army Civilians](#)
- [PlanSmartChoice](#)
- [Thrift Savings Plan](#)
- [TreasuryDirect](#)
- [US Air Force - Home](#)
- [US Army - Home](#)
- [US Marine Corps - Home](#)
- [US Navy - Home](#)
- [Veterans Affairs - Home](#)
- [Veterans Affairs - Returning Service Members \(OEF/OIF\)](#)

New User



MyPay is Commonly Used to...

- Check LES
- Update Mailing Address
- Update Direct Deposit (Bank) Information
- Change Federal/State Withholdings
- Change Thrift Savings Plan
- View AoP's for Travel
- Download W-2

Ensure your email is always current!



Questions ?