

United States Air Force Reserve

Integrity - Service - Excellence

Military Pay



U.S. AIR FORCE



- 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.
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U.S. AIR FORCE

IMA Welcome Package for In-processing



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)
	*MUST INCLUDE MARRIAGE CERTIFICATE OR CHILD(REN) BIRTH CERTIFICATE IF APPLICABLE
	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



**ALL MEMBERS IN-PROCESSING MUST FOLLOW BELOW GUIDELINES FOR COMPLETING THIS PACKET.*

MUST COMPLETE SGLV 8286 AND HAVE CERTIFIED BY PERSONNEL CLERK IF YOU ARE:

1. ANG TO IMA
2. REG AF TO IMA
3. OTHER MILITARY BRANCH TO AF IMA
4. ALL NEW SERVICE MEMBERS
5. SEPARATED MEMBERS (BREAK IN SERVICE) TO IMA

IF YOU ARE TR TO IMA AND NEED TO UPDATE YOUR SGLI:

Please visit <https://www.benefits.va.gov/insurance/SOES.asp> this website has instructions and a link to the SOES site using mil-connect.

MEMBERS CAN GET THE SGLV 8286 CERTIFIED BY FOLLOWING THESE STEPS:

1. MEMBER SHOULD LOCATE THE BASE THEY ARE ASSIGNED TO
2. CONTACT EITHER THE RESERVE FSS OR REG AF FSS.
3. PERSONNEL CLERKS SHOULD BE ABLE TO CERTIFY YOUR SGLV 8286.
4. ONCE CERTIFIED BY FSS, PLEASE INCLUDE IN THIS PACKET.



- I am free to name anyone I want as my beneficiary. I understand if I am married and have designated someone other than my spouse or child as my beneficiary, the person I have named is the person I intend to receive my insurance proceeds. I also understand that my spouse may be notified that he/she (or my child) is not my designated beneficiary.

I certify that, to the best of my knowledge and belief, the above statements are complete and true. Any deception or false statement, either by reference, omission, or otherwise can result in loss of coverage or denial of a claim for benefits. If declining or reducing SGLI coverage, I have received the appropriate general information concerning life insurance from my Unit Personnel Clerk.

		
------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

Service Member Signature







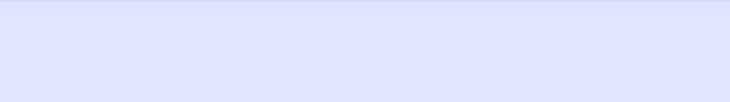
Social Security Number

Date (MM, DD, YYYY)



Address

Submit this form to your Unit Personnel Clerk. By completing this section the Unit Personnel Clerk acknowledges that they have counseled the Service Member in regards to the information provided on page 4 of this form.

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk 	Representative 
Rank, title or grade 	Approve <input type="checkbox"/>
Contact telephone/email 	Disapprove <input type="checkbox"/>
Date 	Date 
Address 	



U.S. AIR FORCE

IMA Welcome Package

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 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 ZIP CODE			
TELEPHONE NUMBER		F TYPE OF PAYMENT (Check only one)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<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. Sun/Up	
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other <u>Air Reserve Pay</u> (specify)	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
SSN:		TYPE AMOUNT	
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
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
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



U.S. AIR FORCE

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 residence 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 doubt 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 84



U.S. AIR FORCE

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			
AUTHORITY: 37 USC 403, Public Law 96-343, EO 9397 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. 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. DISCLOSURE: Voluntary. However, failure to provide all information including Social Security Number (SSN) may result in nonpayment of BAH.			
PART A - IDENTIFICATION & DUTY LOCATION		LOGGING OFFICIAL	
1. NAME (Last, First, MI)		NON-AVAILABILITY/ASSIGNMENT/TERMINATION OF QUARTERS	
2. SSN		QUARTERS ARE NOT ASSIGNED <input type="checkbox"/> DATE: _____	
3. GRADE		ADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT # _____	
4. PHONE		EFFECTIVE DATE: _____	
5A. DUTY LOCATION (Base, State, ZIP Code or Country)		INADEQUATE QUARTERS <input type="checkbox"/> ASSIGNED <input type="checkbox"/> TERMINATED <input type="checkbox"/> UNIT # _____	
5B. E-MAIL ADDRESS		EFFECTIVE DATE: _____	
		TRANSIENT QUARTERS OCCUPIED - UNIT # _____	
		EFFECTIVE DATES FROM: _____ TO: _____	
PART B - MARITAL/DEPENDENT STATUS		TITLE	
6 <input type="checkbox"/> SINGLE, NO DEPENDENTS <input type="checkbox"/> SINGLE, CLAIMING DEPENDENT(S)		SIGNATURE	
MARRIED - SPOUSE IS A <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY MEMBER		Click to sign	
IF MILITARY SPOUSE - NAME, SSN, BRANCH OF SERVICE, STATION AND DATE OF MARRIAGE:		DATE	
<input type="checkbox"/> DIVORCED (Date) _____ <input type="checkbox"/> LEGALLY SEPARATED (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. I <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): _____			
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).			
(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 - MEMBERS 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 nonsupport.			
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



U.S. AIR FORCE

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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 payrelated 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 PayAdvices, 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	
GRADE		LOCAL ADDRESS		HOME PHONE	
FORWARDING ADDRESS					
SECTION 2					
ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS					
B O N D #1	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		B O N D #2	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	
	NAME TO WHOM MAILED			NAME TO WHOM MAILED	
	NUMBER, STREET, PO BOX			NUMBER, STREET, PO BOX	
	CITY, STATE, ZIP, APO/FPO			CITY, STATE, ZIP, APO/FPO	
B O N D #3	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		B O N D #4	NEW <input type="checkbox"/> (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)	
	NAME TO WHOM MAILED			NAME TO WHOM MAILED	
	NUMBER, STREET, PO BOX			NUMBER, STREET, PO BOX	
	CITY, STATE, ZIP, APO/FPO			CITY, STATE, ZIP, APO/FPO	
SIGNATURE OF MEMBER/EMPLOYEE				DATE	

AF Form 1745, NOV 90 (Word 6.0)

PREVIOUS EDITION WILL BE USED



U.S. AIR FORCE

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.

Workers 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.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate Whether you're 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.		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.					
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.					
8 Employer's name and address (Employer: Complete boxes 9 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)



U.S. AIR FORCE


Certifying Your 938



U.S. AIR FORCE

Completing your AF 938

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


31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.) ARPC SWC HQ ARPC BUCKLEY AFB, CO 80011					TDN: FOR THE COMMANDER							
32. RESERVE ORDER NO.					33. DATE 20150605		34. DISTRIBUTION			35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature) 		
36. STATEMENT OF TOUR OF DUTY												
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR (mil)	DAY	MONTH	MODE OF TRAVEL		
a. DEPART	HOR	0900	6	Jun	b. ARRIVE	Duty Location	1900	7	Jun	PA		
c. DEPART					d. ARRIVE							
37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave. Circle what applies My Spouse (Circle One) was <u>was not</u> in Active Duty status during this tour. I (Circle One) did <u>did not</u> occupy gov't quarters.						CERTIFICATION						
						40. Member reported for duty at 0730 hours on 8 Jun and was released from duty at hours on						
38. MEMBER'S SIGNATURE <i>John Smith</i>						39. DATE 15 06 08			41. CERTIFYING OFFICIAL'S PRINTED NAME <i>Mary Thompson</i>			42. DSN 555-0111
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.						43. CERTIFYING OFFICIAL'S SIGNATURE <i>Mthompson</i>			44. DATE 150608			
						45. TIMEKEEPER SIGNATURE Must be dated on or after start date						



U.S. AIR FORCE

Completing your AF 938

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

31. DEPARTMENT OF THE AIR FORCE (Enter designation and location of headquarters.) ARPC SWC HQ ARPC BUCKLEY AFB, CO 80011					TDN: FOR THE COMMANDER							
32. RESERVE ORDER NO.					33. DATE 20150605		34. DISTRIBUTION			35. AUTHORIZING/ORDER ISSUING OFFICIAL (Title and Signature) 		
36. STATEMENT OF TOUR OF DUTY												
	LOCATION	HOUR (mil)	DAY	MONTH		LOCATION	HOUR	DAY	MONTH	MODE OF TRAVEL		
a. DEPART	HOR	0900	6	Jun	b. ARRIVE	Duty Location	1900	7	Jun	PA		
c. DEPART	Duty Location	1700	20	July	d. ARRIVE	HOR	1500	21	July	PA		
37. I certify that I have complied with the above order. The statements on this form are true and complete. If a Federal Civil Service Employee, I certify that I have applied for appropriate leave. My Spouse (Circle One) was <u>not</u> in Active Duty status during this tour. I (Circle One) did <u>not</u> occupy gov't quarters.						CERTIFICATION 40. Member reported for duty at 0730 hours on 8 Jun and was released from duty at 1630 hours on 20 Jul						
38. MEMBER'S SIGNATURE <i>John Smith</i>						39. DATE <i>15 07 20</i>			41. CERTIFYING OFFICIAL'S PRINTED NAME <i>Mary Thompson</i>			42. DSN <i>555-0111</i>
43. CERTIFYING OFFICIAL'S SIGNATURE <i>Mthompson</i>						44. DATE <i>15 07 20</i>			45. TIMEKEEPER SIGNATURE			
47. TIMEKEEPER STATEMENT I certify receiving a copy of this order for civilian pay related review and processing.						Must be dated on or after end date						

AF FORM 938, 20080724

PREVIOUS EDITIONS ARE OBSOLETE

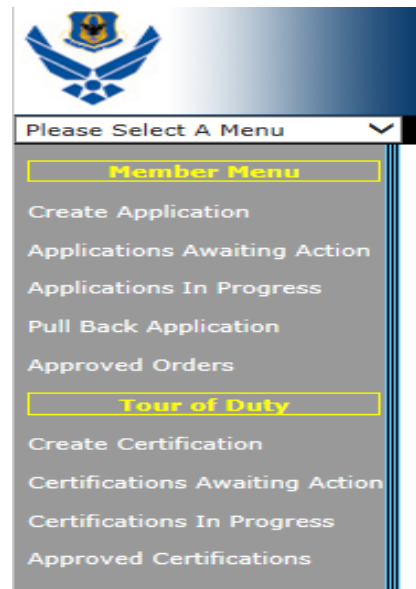


Certifying Orders in AROWS-R



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 Certification



U.S. AIR FORCE

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

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- [Benefits and Entitlements](#)
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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](#)

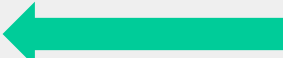




U.S. AIR FORCE

HQ RIO/RPO Leave Carry-Over

FINANCE AND PAY RESOURCES

- [!\[\]\(ce77bba2916ff045bdb9f4584b191293_img.jpg\) Pay Guidance](#)
- [!\[\]\(b31d4eff00ee94d2cc889725763ab186_img.jpg\) Pay Forms](#)
- [!\[\]\(7cca60917fc4166291d2b648cb6bea1b_img.jpg\) Leave Carryover Guidance](#) 
- [!\[\]\(df123c3dbb04676ceb3727572e366e1e_img.jpg\) Leave Sellback Guidance](#)
- [!\[\]\(f4265e9ca165fdd8ac310e11253e60aa_img.jpg\) 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 \(2017\)](#)



U.S. AIR FORCE

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)



U.S. AIR FORCE

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)



U.S. AIR FORCE

RIO Connect Mobile App



Click-to-call and Email directory

Pay travel and career resources

How-to videos

Events calendar



- 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

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!



U.S. AIR FORCE

Questions ?