



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION  
AND PUBLIC FACILITIES

**CLAIM FOR PAYMENT INCOME BASIS  
IN LIEU OF MOVING EXPENSE  
(Business or Farm)**

PROJECT NAME: \_\_\_\_\_

STATE PROJECT #: \_\_\_\_\_

FEDERAL-AID PROJECT #: \_\_\_\_\_

PARCEL #: \_\_\_\_\_ UNIT #: \_\_\_\_\_

Claim must be filed within 18 months after move is complete or claimant receives final payment for acquisition of the property, whichever is later. Relocation payments are not considered income for the purposes of state or federal income tax, personal or corporate ([49 CFR 24.209](#)).

**PRINT OR TYPE ALL INFORMATION**

Name of Business or Farm: \_\_\_\_\_

Address moved from: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Claimant's Phone Number: \_\_\_\_\_

Date of Move: \_\_\_\_\_

Address moved to: \_\_\_\_\_

**REVIEW OF INCOME TAX RETURNS - CERTIFICATION**

I CERTIFY that I have examined the income tax returns submitted with the Request for Determination of Entitlement by the above named claimant. I have found the net earnings for each year and the average annual NET earnings to be as follows:

Year \_\_\_\_\_ Earnings \$ \_\_\_\_\_

Year \_\_\_\_\_ Earnings \$ \_\_\_\_\_

**Annual Net Earnings \$ \_\_\_\_\_**

In-Lieu Move Benefits Approved:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Right-of-Way Agent

\_\_\_\_\_  
Regional Right-of-Way Chief

**INSPECTION REPORT**

The subject property was inspected on \_\_\_\_\_, 20\_\_\_\_  
and found vacant. Payment of the above amount is recommended.

Date: \_\_\_\_\_

Right-of-Way Agent's signature: \_\_\_\_\_

**Controlling Dates:**

- (a) Property vacated or final payment made \_\_\_\_\_
- (b) Last day to file claim \_\_\_\_\_
- (c) Claim filed on \_\_\_\_\_

Payment of this claim is requested in the amount of \$ \_\_\_\_\_

I certify that I am the owner or authorized representative of the business or farm operation named above; that no other claim for reimbursement or compensation for payment of moving expense or in lieu of moving expense has been submitted, or payment received, or will be accepted from any other source, by me or on behalf of said business or farm operation. I understand this claim for payment is based on information previously submitted to the claim. I further certify that my business is:

**Type of Business:**

	<b>Please Indicate the Number of:</b>		
	<b>Owners</b>	<b>US Citizens</b>	<b>Aliens Lawfully Present in the US</b>
<input type="checkbox"/> Sole Proprietorship or Partnership	_____	_____	_____
<input type="checkbox"/> Limited Liability Company (LLC)	_____	_____	_____

**NOTE:** In a partnership, if any of the owners are illegal aliens, no relocation payment may be made to them. The total relocation payment would be reduced by a percentage based on the proportion of ineligible owners.

<input type="checkbox"/> Corporation	_____	_____	_____
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Name of corporation: \_\_\_\_\_

I certify that this corporation is established pursuant to State law and is authorized to conduct business in the United States.

I understand that falsification of any item in this claim as submitted herewith may result in forfeiture of the entire claim.

Date of Claim: \_\_\_\_\_ Claimant's signature: \_\_\_\_\_