



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:

	Owners	Please Indicate the Number of:	
		US Citizens	Aliens Lawfully Present in the US
<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: _____