



Automatic Transit and Parking Reimbursement Affidavit

I. Employee Information

Your Employer	Your Name
Day time telephone number	Social Security Number (or Employee ID if applicable)

II. Certification from Participant – this box must be complete

I, the enrolled participant of the Section 132 Qualified Transit and Parking Plan, certify that the transit and or parking expenses listed below are accurate and valid for the time period noted.

Signature: _____ Date: _____
This affidavit must be resubmitted every year or again after your ending date noted below.

Qualified Transit costs:

Amount per month: \$ _____ and for how many months ? _____ TOTAL \$ _____

Date of service beginning? _____ and ending on (enter date) _____

Qualified Parking costs:

Amount per month: \$ _____ and for how many months? _____ TOTAL \$ _____

Date of service beginning? _____ and ending on (enter date) _____

EXAMPLE: \$245.00 for 6 months of parking = \$1,470.00.

Documentation must be attached to verify this submission. We require the following:

- 1) Transit: A transit receipt or statement for the first month of purchase
- 2) Parking: A bill or statement that notes the name and address of parking provider.
- 3) List dates of service of the recurring expense (example – Jan 1, 20__ to Dec 31, 20__).

I understand that I can only be reimbursed for services with funds that have been posted to my Section 132 Qualified Transit and Parking Plan and that reimbursements will be made payable to me with a check or direct deposit. I understand it is my responsibility to notify ABS if my transit or parking costs change (example- a change in parking provider or a change in election amount). My employer is responsible for reporting the amount withheld from my pay for Qualified Transit and or Parking expenses on my year-end W-2. If I fail to provide accurate information, I understand I may be subject to penalties in the event of an audit by the IRS.

IV. Certification

I certify that the above reimbursement submission is for expenses incurred by me for the purposes of going to and from work and or its related parking expense.

Signature: _____ Date: _____

Fax to: 860-673-2207
 Mail to: Advanced Benefit Strategies
 30 Mill Street
 Unionville CT 06085

Questions?
 Call 860-675-2261
 Toll Free 877-732-8125
 Or, visit our web site @ www.abs125.com