

Pre-Tax Parking/Third-Party Administrator/ Reimbursable Account Claim

California Department of Human Resources
State of California

INSTRUCTIONS: Enter your name, phone number, social security number, and mailing address. Enter the date(s) of your parking costs; submit the proper receipts to reflect the date(s) claimed. Enter the name of the parking provider for each receipt/amount claimed. Amounts claimed must match the receipts submitted. Please see privacy notice on second page.

Employee Information

Employee Name	Daytime Phone	Social Security Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street Address	City	State	ZIP Code
<input style="width: 95%;" type="text"/>			

Parking Claimed Pursuant to Internal Revenue Service Code (IRSC) Section 132

(Cannot Exceed the Federal Limits Contained in IRSC Section 132)

Parking Date From	Parking Date To*	Name of Parking Provider	Amount Claimed	For Claim Administrator Use Only	
Total Parking Expense Amount Claimed:					

*Claims for different months CANNOT be entered on the same line. Enter parking costs for different months on different lines. Attach additional pages, if necessary. Send completed form with supporting documentation to: ASI, P.O. Box 6044, Columbia, MO 65205-6044. Claims may also be submitted via fax at 877-879-9038.

READ CAREFULLY BEFORE SIGNING BELOW: I certify that all expenses for which I claim reimbursement were incurred during and related to my State employment while I was enrolled in the Pre-Tax Parking Program. I certify that I have not been previously reimbursed for the expenses claimed and that they are not reimbursable from any other source. I understand that I am solely responsible for the accuracy and veracity of all information relating to this claim. I certify that all expenses claimed for reimbursement are proper expenses under Internal Revenue Code (IRSC) Section 132 and the State Pre-Tax Parking Program. I understand that I will be liable for the payment of all related taxes and/or penalties thereon, including any federal, State, or city income taxes on amounts paid from the Program, in the event that the amount(s) claimed are deemed to be not eligible for reimbursement.

Employee Signature: _____ Date: _____

Privacy Notice on Information Collection

This notice is provided pursuant to the Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579). The California Department of Human Resources (CalHR), Benefits Division, and the Pre-Tax Parking Administrator are requesting the information specified on this form pursuant to Government Code Sections 1151, 1153, Section 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act. The information collected will be used for administering the Pre-Tax Parking Program.

Individuals should not provide personal information that is not requested or required. The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process your request for the Pre-Tax Parking Program.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy on CalHR's website (calhr.ca.gov).

Access to Your Information

Information provided on this form will be maintained in confidential files of CalHR for five years. Individuals have the right of access to copies of this form on request. Send requests to:

CalHR Privacy Officer
1515 S Street, North Building, Suite 500
Sacramento, California 95811-7258
916-324-0455
CalHRPrivacy@calhr.ca.gov