

TAXSAVER PLAN

"Your Satisfaction Is Our Success"

Parking / Transit Claim Form

(Please complete this claim in entirety including requested amount and signature)

Name of Employer

Employee Last Name First Name (please print) Social Security Number
(Please request all address changes through your Employer)

I have incurred the following expenses that qualify for reimbursement under the provisions of my Parking and / or Mass Transit Reimbursement Plan(s) :

Month of Service Rendered	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Year (Circle One)	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008	2008
	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009	2009
PARKING EXPENSES												
MASS TRANSIT EXPENSES												

I certify that the above requested amounts are for qualified benefits in accordance with Internal Revenue Code Section 132(f) and are eligible under my employer sponsored Parking and/or Mass Transit Reimbursement Plan(s). I further testify that this request for reimbursement is for qualified expense dollars that have not previously been reimbursed from another source and *do not exceed the applicable monthly limits**, if even combined with any Parking and/or Mass Transit benefits provided by my employer. I have attached all obtainable records necessary to substantiate these qualified expenses and understand that since these expenses are reimbursed through my employer sponsored reimbursement arrangement(s), that they may not be claimed on any federal income tax deduction or credit at year end.

Date

Employee Signature

*The monthly statutory maximums are as follows:
2008 - \$220 PARKING / \$115 MASS TRANSIT/VANPOOLING
2009 - \$230 PARKING / \$230 MASS TRANSIT/VANPOOLING

Documentation Required If Obtainable:

Parking Reimbursement - Documentation from your Parking provider for parking services necessary for you to park your vehicle at or near your location of employment while you are at work, or for parking services necessary for you to park your vehicle at or near the location of your mass transportation provider in which you commute to and from your place of employment.

Mass Transportation Reimbursement - Documentation from your Mass Transit provider (mass transit authority, van-pooling, etc.) for services that allow you to commute to and from your place of employment.

Submit Claim To: Taxsaver Plan
 P.O. Box 609002
 Dallas, Texas 75360
 214-559-0472/800-328-4337
 www.taxsaverplan.com
 214-528-8122 Fax