



Parking Reimbursement Claim Form

Name of Employer

Social Security Number

Employee Last Name

First Name

I have incurred the following expenses that qualify for reimbursement under the provisions of my Parking Reimbursement Plan:

Month of Service Rendered	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Year												
PARKING CLAIM AMOUNT												

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 Reimbursement Plan. 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, even if combined with any Parking 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, that they may not be claimed on any federal income tax deduction or credit at year end.

Date **Employee Signature**

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.

Submit Claim To: Taxsaver Plan
 P.O. Box 609002
 Dallas, Texas 75360
 214-528-8122 Fax
 claims@taxsaverplan.com
 www.taxsaverplan.com

Or contact us at: 214-559-0472
 800-328-4337
 csr@taxsaverplan.com
 www.taxsaverplan.com