



Commuter Rewards Program



Receive a rebate for commuting to work

Transportation, Vanpool and Parking

EMPLOYER INFORMATION

Company Name

EMPLOYEE INFORMATION

Employee Last Name	First Name	Social Security Number	
Street Address	City	State	Zip
Daytime Phone Number	Email		

2025 MASS TRANSIT AND PARKING EXPENSE LIMITS: \$325 FOR MASS-TRANSIT ♦ \$325 FOR PARKING (YOU MAY HAVE BOTH)

Type of Transportation Expense (Commuter Bus, Train, Van Pool, Parking, etc.)	Month/Year Expense Begins (mmm / yyyy)	Transit Agency or Parking Provider (and parking location)	Cost (whole dollar amounts only)
TOTAL:			\$

TERMS AND CONDITIONS

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Express Form prior to the first day of the next monthly period.

I hereby represent that I have consistent expenses month-to-month. I further represent that I do not receive a receipt in the normal course of business. If I do begin to receive receipts in the normal course of business, I realize that I am required to submit them, even when having begun the Program using this Express Form.

AFFIDAVIT

I am submitting this rewards request for parking and/or mass transit transportation expenses, which are eligible for favorable income tax treatment in accordance with federal guidelines under Internal Revenue Code Section 132(f). I understand and confirm that (1) I am solely responsible for submitting proper documentation of my eligible expenses, (2) that these expenses are indeed qualified transportation expenses which qualify for reimbursement and are eligible to be excluded from my federal taxable wages, (3) they have not been reimbursed from any other source or previously submitted for reimbursement, and (4) for each expense listed above, for which I have not attached a receipt or verifying document, such receipt or verifying document was not provided in the ordinary course of business.

I request reimbursement from my account(s) and certify that the information provided is true and correct.

Employee Signature	Date
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Send completed form and documentation to TotalBen.

FAX: (718) 535-7071

Mail: TotalBen LLC
P.O. Box 100496
Brooklyn, NY 11210