



THRIFT SAVINGS PLAN

CERTIFICATION OF RECHARACTERIZATION OF RECORDS AND JOURNAL VOUCHER

TSP-U-2-R

I. IDENTIFICATION

To: TSP Agency Technical Services ATS — P.O. Box 4570 Fairfax, VA 22038-9998 Telephone: (888) 802-0179 Fax Number: (703) 788-2936	1. From:		
2. Payroll Office Number	3. Journal Voucher Report Number ____ R ____ yy xxx	4. Submission Date (mm/dd/yyyy)	5. Type of Media <input type="checkbox"/> Electronic Submission <input type="checkbox"/> Web-based application

II. RECORDS SUBMITTED

6. Number of Tax-exempt to Traditional (tax-deferred) (67) Records		
7. Number of Traditional (tax-deferred) to Tax-exempt (68) Records		
8. Total Number of Records		
III. RECHARACTERIZATION AMOUNTS BY RECORD TYPE		
9. Total Amount to be Recharacterized to Traditional (tax-deferred)	\$	
10. Total Amount to be Recharacterized to Tax-exempt	\$	
11. Control Total	\$	

IV. CERTIFICATION

I certify that prudent measures have been taken to ensure that the TSP transactions associated with this voucher are correct according to applicable law.

12. _____ Typed or Printed Name of Authorized Administrative or Certifying Officer	13. (_____) _____ — _____ Telephone (Area Code and Number)
14. _____ Signature of Authorized Administrative or Certifying Officer	15. (_____) _____ — _____ Telefax (Area Code and Number)
	16. _____ Date Certified

INSTRUCTIONS

TSP-U-2-R

Use this form to request the tax recharacterization of employee contributions previously submitted. Do NOT use this form to redesignate regular employee contributions (traditional or tax-exempt) to Roth contributions or vice versa. Use Form TSP-U-2-D for that purpose.

IDENTIFICATION

1. **From.** Enter the address of the sender. Include the payroll office name, address, and Zip Code.
2. **Payroll Office Number.** Enter the 8-position assigned payroll office number in XX-XX-XXXX format.
3. **Journal Voucher Report Number.** Enter 6-position report number in YYRXXX format. The first two positions represent the last 2-digits of the calendar year. The third position is "R." The last 3 positions represent a sequential number beginning with 001 and increasing sequentially. This number will serve as a control over receipt of the reports. For example, 02R001 would be the first JV report number submitted in the year 2002.
4. **Submission Date.** Enter date in mm/dd/yyyy format.
5. **Type of Media.** Indicate whether you are making an electronic submission or using the TSP Web-based application.

RECORDS SUBMITTED

6. **Number of Tax-exempt to Traditional (tax-deferred) (67) Records.** Enter total number of records submitted.
7. **Number of Traditional (tax-deferred) to Tax-exempt (68) Records.** Enter total number of records submitted.
8. **Total Number of Records.** Enter the total number of records submitted. This is equal to the sum of Items 6 and 7 and excludes magnetic media header and trailer records.

RECHARACTERIZATION AMOUNTS BY RECORD TYPE

9. **Total Amount to Be Recharacterized to Traditional (tax-deferred).** Enter total employee contributions from 67-Records.
10. **Total Amount to Be Recharacterized to Tax-exempt.** Enter total employee contributions from 68-Records.
11. **Control Total.** Enter total contributions. This is equal to the sum of Items 9 and 10.

CERTIFICATION

12. **Name of Authorized Administrative or Certifying Officer.** Type or print name of official who is responsible for the accuracy of this voucher and the data it transmits.
13. **Telephone Number.** Enter telephone number of certifying officer, including area code.
14. **Signature of Authorized Administrative or Certifying Officer.** Signature of person named in Item 12.
15. **Telefax Number.** Enter telefax number of certifying officer, including area code.
16. **Date Certified.** Enter date the document is signed.