

Taxable Payments or Reimbursements to Employees

All Departments must complete this form, when a taxable fringe benefit is received by an employee. This form must be completed within 15 days of receiving the benefit. Please send the form to the Payroll Office 2nd Floor of Sparks Hall

Name of Employee receiving the benefit : _____ M # _____

PAID: MN
BW

Employee's Primary Department: _____

I acknowledge that some or all of the payment/reimbursement below may be taxable and included in my income.

Employee Signature

Date

Responsible Party Name Printed
(Department approving the benefit)

Responsible Party Name Signature
(Department approving the benefit)

Phone # _____

Description of Benefit	Amount	Date benefit is given by the Department
Athletic Season Tickets	\$ _____	_____
Awards, Prizes or Gifts (Non-Cash)	\$ _____	_____
Clothing	\$ _____	_____
Housing Allowance	\$ _____	_____
Meal Plans	\$ _____	_____
Theater Tickets	\$ _____	_____
Wellness Center Memberships	\$ _____	_____
Other Benefits:	\$ _____	_____

Description

Return the Original Form to the Payroll Office, 2nd Floor of Spark Hall