**Report of Fringe Benefit or Third-Party Payment**

**Taxable and/or Reportable on IRS Form W-2**

*This form must be submitted within five days of the employee’s receipt of the benefit to Karrah Garland, Payroll Operations Manager,* *kgarland@passhe.edu**.*

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| **University:** |  |
| **Employee Name:** |  | **Personnel Number:** |  |

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| --- | --- | --- | --- | --- |
| **Description of Fringe Benefit or****Third-Party Payment Received** | **Name of University, Affiliate, or Other Third Party That Provided Benefit** | **Date****Received** | **$ Amount Taxable** | **$ Amount Nontaxable** |
| Honorariums, stipends, supplemental compensation, fees, bonuses, awards, prizes, commissions, etc. |  |  |  |  |
| Vehicles and vehicle expenses, including dealership-sponsored vehicles |  |  |  |  |
| Taxable travel expenses |  |  |  |  |
| Taxable living expenses |  |  |  |  |
| Spousal travel and/or living expenses |  |  |  |  |
| Equipment given to employee |  |  |  |  |
| Taxable education assistance |  |  |  |  |
| Moving expenses |  |  |  |  |
| Payments to or for retirement plan |  |  |  |  |
| Nondeductible entertainment expenses |  |  |  |  |
| *Describe any other payment below:* |
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| **Employee Signature:** | Date: |  |
| **Human Resources Signature:** | Date: |  |
| **Name of Person Completing this Form:** |

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| Payroll Services Use Only |
| Wage Type: |  | Wage Type Description: |  | Date of Origin: |  |

***For questions, contact Brenda Mundell at 717-720-4185, bmundell@passhe.edu; or Karrah Garland at 717-720-4184,*** ***kgarland@passhe.edu******.***