



The University of Tennessee

Taxable Fringe Benefit Documentation Form

Recipient Name: _____ Personnel Number: _____

Taxable Value of Fringe Benefit: _____

Date of Receipt of Fringe Benefit: _____

Recipient is paid on a Biweekly Monthly basis. (check one)

Brief Description of Fringe Benefit:

The taxable value of this fringe benefit will be included as taxable income on the recipient's next regularly scheduled pay day and will be separately identified on his/her pay statement. All applicable federal income, FICA and Medicare taxes will be withheld from the employee's earnings. The amount will also appear on the recipient's W-2.

Department Name Issuing Fringe Benefit: _____

Printed Name: _____ Phone Number: _____

Authorized Signature: _____

Please submit this form to the System Payroll Office by the deadlines on the System Payroll Calendar viewable at this webpage.