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 https://iris.tennessee.edu/payroll-deadlines