



## EMPLOYEE SUPPLEMENTAL COMPENSATION FORM

|                       |  |                       |  |
|-----------------------|--|-----------------------|--|
| <b>Prepared By:</b>   |  | <b>Date:</b>          |  |
| <b>Employee Name:</b> |  | <b>Employee ID #:</b> |  |
| <b>Department:</b>    |  | <b>PG #:</b>          |  |
| <b>Phone:</b>         |  | <b>Email:</b>         |  |

### Miscellaneous Fringe Benefits

The following represents NON-cash compensation to the employee that will not generate pay. The non-cash compensation will generate a tax liability for the employee and, in most instances, also for the employer for the current tax year W-2.

| <i><u>Benefits</u></i>              | <i><u>Date Benefit Received</u></i> | <i><u>Reference Document</u></i> | <i><u>Amount \$</u></i> |
|-------------------------------------|-------------------------------------|----------------------------------|-------------------------|
| AUTO INSURANCE                      |                                     |                                  |                         |
| EMPLOYEE EDUCATION (GIA)            |                                     |                                  |                         |
| EVENT (incl. Sport/Theatre) TICKETS |                                     |                                  |                         |
| HOUSING                             |                                     |                                  |                         |
| MEMBERSHIPS                         |                                     |                                  |                         |
| MOVING ALLOWANCE                    |                                     |                                  |                         |
| NON-TAXABLE MOVING EXP              |                                     |                                  |                         |
| TRAVEL COMPENSATION                 |                                     |                                  |                         |
| OTHER:                              |                                     |                                  |                         |

### Employer Provided Automobile – Declaration of Personal Use

(The I.R.S. requires driving to/from work be included as reportable personal use.)

Use a separate form for each vehicle if more than one vehicle was assigned during the calendar year.

|                                      |           |  |           |
|--------------------------------------|-----------|--|-----------|
| <b>Date You Received the Vehicle</b> |           | <b>Date You Turned in the Vehicle</b>  |           |
| <b>Vehicle (Make/Model)</b>          |           | <b>Percentage of Personal Use</b>      |           |
| <b>Market Value of Vehicle</b>       | <b>\$</b> | <b>Auto Taxable /Reportable Amount</b> | <b>\$</b> |

### Employee/Department Certification

I certify that the above information is true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Admin/Director/Dean

\_\_\_\_\_  
Date