

Colorado State University Pueblo

Taxable Fringe Benefit Documentation Form

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

Recipient C#: _____

Recipient Name: _____

Taxable Value of Fringe Benefit: _____

Date of Receipt of Fringe Benefit: _____

Brief Description of Fringe Benefit: _____

Department Name Issuing Fringe Benefit: _____

Account(s) to be charged: _____

Department Head/Dean Printed Name: _____

Department Head/Dean Authorized Signature: _____

Telephone Ext.: _____

As an employee of Colorado State University-Pueblo, I understand and acknowledge that my acceptance of the above referenced item(s) is considered a taxable benefit and the value will be included in my taxable income for W-2 purposes and will be subject to all income, Federal, and Medicare withholding taxes per IRS rules and guidelines. Applicable taxes on the value will be deducted in a lump sum from my paycheck at the time this form is processed by Payroll Services.

Employee Signature: _____ Date: _____

Please submit this form to the University Payroll Office by the deadlines on the University

Payroll Calendar viewable at [Payroll | Office of Financial Management | CSU Pueblo](#)

Payroll Use Only

Taxable amount added to _____ the payroll.
month