



EMPLOYEE SUPPLEMENTAL COMPENSATION FORM

Prepared By:		Date:	
Employee Name:		Employee ID #:	
Department:		PG #:	
Phone:		Email:	

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>Benefits</i>	<i>Date Benefit Received</i>	<i>Reference Document</i>	<i>Amount \$</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.

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

Employee/Department Certification

I certify that the above information is true and correct.

Employee Signature

Date

Department Admin/Director/Dean

Date