

California State University Long Beach
Human Resources Management

FRINGE BENEFIT CERTIFICATION FORM
FOR BENEFIT RECEIVED IN CALENDAR YEAR

Employee Name: Employee ID#

Employee Department: Phone extension:

Employee Supervisor Name: Phone extension:

Reference:

Description	Cash Received	Cash Value (FMV)*	Allowance	Frequency (monthly, yearly)	Taxable amount <small>Tax Analyst Use Only</small>
Moving Expense					
Incentives provided from Third Parties					
Awards/Bonuses/Incentives					
Car Allowance					
Housing					
Transportation					
Educational Assistance					
Other, Specify					
Total Reportable and Taxable	\$	\$			\$

* Fair Market Value

Financial Management/Tax Use Only:

I have reviewed this benefit for tax and reporting requirements, and it is determined that the amount included above should be included in employee wages. This tax guidance is based on the facts as understood and provided. If there is any missing or additional information please forward, as the analysis may be invalid if there is any omission of facts.

Tax Analyst Signature _____
Date

I have reviewed the Tax Analysis and approve for reporting.

Associate Vice President Signature _____
Date

Employee acknowledgement:
I agree that I have or will be receiving the benefit specified above. This item will be reviewed for its tax implications and if found to be taxable will be reported as wages. If the taxable amount differs from the cash or cash value, I will be notified by Human Resources. I understand and accept it as offered.

Employee Signature _____
Date

Please return to the Human Resources Service Group, Brotman Hall Room 358 – for reference materials please see "Reporting Taxable Fringe Benefits – Information for Employees" on the Financial Management Department Website