

University of Kansas
ADDITIONAL FRINGE BENEFIT INCOME FOR W-2 REPORTING
PAYROLL OFFICE, ROOM 147, CARRUTH-O'LEARY
Phone 785/864-4385, Fax 785/864-0369

EMPLOYEE INFORMATION:

Name: _____

KU Employee ID# _____ Last 4 digits of Employee SSN: _____

TAXABLE FRINGE INCOME AMOUNT TO BE ADDED TO W-2: \$ _____

OR

TAXABLE FRINGE INCOME TO BE ISSUED AS A PAY CHECK: \$ _____

Payments issued as a check from the Payroll system will be taxed at the employee's current W-4 tax rate and reported on the current calendar year W-2 as taxable earnings.

FUNDING SOURCE FOR REIMBURSABLES EXPENSES (REQUIRED FIELD)

DeptID/Cost Center - Fund - Scenario/Project if applicable

FRINGE INCOME DESCRIPTION: (Please Check)

_____ Moving Expenses
_____ Travel Expenses
_____ Filing Fees - type _____
_____ Other (Describe) _____
_____ UDK Payments (Details in comments)

Comments:

Submitted by: (Please print name) _____

Signature: _____ Date: _____

Organization Name: _____

Department Number: _____

Payroll Office Use Only:

Processed by: _____ Date: _____

KUEA Approval: _____ Date: _____