

University of Kansas
ADDITIONAL FRINGE BENEFIT INCOME FOR W-2 REPORTING & OTHER TAXABLE INCOME
PAYROLL OFFICE, ROOM 145, CARRUTH-O'LEARY
 Phone 785-864-4385, Fax 785-864-0369

A. EMPLOYEE INFORMATION:

Name: _____

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

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

OR
TAXABLE 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.

C. FUNDING SOURCE FOR REIMBURSEABLE EXPENSES (REQUIRED FIELD*)

Dept ID*	Fund*	Project	Chartfield 3	Chartfield 2

D. INCOME DESCRIPTION: *(Please Check)*

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

E. For Taxable Income to be issued as pay, in compliance with the federal Affordable Care Act, we are required to have the hours by week recorded below for reporting.

	Week 1	Week 2
Enter Week End Date:		
Enter Total Hours:		

F. Comments:

Submitted by: (Please type/print name) _____

Signature: _____ Date: _____

Organization Name: _____ Department Number: _____

KUEA Approval (if necessary): _____ Date: _____