

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/KUEA | Chartfield 2 | Chartfield 1 |
|----------|-------|---------|-------------------|--------------|--------------|
| | | | | | |

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: | | |

Comments:

Submitted by: (Please type/print name) _____

Signature: _____ Date: _____

Organization Name: _____ Dept Number: _____

KUEA Approval (if necessary): _____ Date: _____