

**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 (Details in comments)
- 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
<b>Enter Week End Date:</b>		
<b>Enter Total Hours:</b>		

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_

Submitted by: (Please type/print name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Dept Number: \_\_\_\_\_

KUEA Approval (if necessary): \_\_\_\_\_ Date: \_\_\_\_\_