



TAXABLE BENEFIT FORM

EMPLOYEE NAME _____ DEPARTMENT _____

EMPLOYEE ID # _____ TIME PERIOD COVERED _____

DOLLAR AMOUNT OF BENEFIT \$ _____

% MONTHLY PERSONAL USAGE _____ %

MONTHLY TAXABLE AMOUNT \$ _____

ITEM BEING TAXED _____

EMPLOYEE SIGNATURE _____ SUPERVISOR SIGNATURE _____

RETURN COMPLETED FORM TO YOUR PAYROLL OFFICE

PAYROLL OFFICE USE ONLY

Enter taxable dollar amount in PeopleSoft using taxable benefits earning code TXB.

PAYCHECK DATE _____ PAYLINE ENTRY DATE _____

PAYROLL SIGNATURE _____

