



Taxable Fringe Benefit Reporting Form (Non-Clothing)

ROUTING
PS, MSC 3PAY
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Phone 646-8000
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This form is required to report receipt of any tangible non-clothing item which does not meet the NMSU definition of a De Minimis Fringe Benefit. See [Business Procedures Manual 7.05 Taxable Fringe Benefits](#) for information and definition of De Minimus Fringe Benefits.

SECTION 1: REQUESTOR INFORMATION

Department: _____ Contact Name: _____ Date: _____

Contact Phone: _____ Contact Email: _____

SECTION 2: EMPLOYEE INFORMATION

Employee Name: _____ Aggie ID#: _____

Please check employee status

- Staff/Faculty
- Student employee/Grad Assistant
(only if associated w/employment)

SECTION 3: DESCRIPTION

Value: _____

Purpose/Description:

SECTION 4: EMPLOYEE ACKNOWLEDGEMENT

As an employee of NMSU, I understand and acknowledge that my acceptance of the above referenced item is considered a taxable benefit and the value will be included in my taxable income for W-2 purposes and will be subject to all income and FICA withholding taxes per IRS rules and guidelines. Applicable taxes on the value will be deducted in a lump sum from my paycheck at the time this form is processed by Payroll Services.

Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Initials: _____ Date: _____