

Reset

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Employee Expense Reportable as Income Form

| Employee Name: | | | | Employee ID: | | | |
|---|--|--|---------------------|--------------|--------------|------|--|
| United States Citizen or Permanent Resident (Green Card Holder): | | | | ○Yes | | ○ No | |
| Department Contact: | | | Reimbursement Year: | | | | |
| Expense From Date: | | | Expense To Date: | | | | |
| Payments Reportable as Income | | | | | | | |
| <u>Type of Expense</u> Example: Parking, Airfare, Membership, Books, Supplies, etc. | | | Transaction # | | <u>Total</u> | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| Total Expenses Reportable as Income | | | | | | | |
| Reason for Taxability | | | | | | | |
| 120 Days. All reimbursements of expenses non-accounted for within 120 days after the date of the event (for travel, the date of return; for non-travel, the date of the purchase). | | | | | | | |
| Other. | | | | | | | |
| Certification | | | | | | | |
| I understand that all expenses listed on this form are considered W-2 income in accordance with IRS Regulations. The total amount of such payments will be included as compensation. Appropriate tax withholding will be reflected on a future payroll check based on current Federal and State Supplemental Tax Rates. | | | | | | | |
| Employee Signature | | | | | Date | | |
| | | | | | | | |

Save

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