

# Memorandum

To: Payroll Operations Division  
National Operations Center  
Accounts Payable Branch, OC-6221  
Denver, CO 80227-9030

From: Annie Banks - LLFA220000  
BLM NIFC Human Resources Branch  
Phone: 208-387-5518

Subject: Report of Taxable Fringe Benefit  
(Fitness Center Reimbursement Fees)

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Department: **IN** Bureau: **05** Sub-bureau: **LLFA**-\_\_\_\_\_  
(Center-Org Code)

Taxable Income to be reported in Tax year: \_\_\_\_\_

Pay Code: EFB

Amount paid to employee \$ \_\_\_\_\_  
(Up to 50% of annual membership fee; not to exceed \$275.00 per year)

Cost Code Number: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
(Supervisor's Signature)

Date: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

**Submit original to Human Resources Branch**