

Memorandum

To: Payroll Operations Division
National Business Center
Accounts Payable Branch, BC-622
Denver, CO 80227-9030

From: _____

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

Name: _____

SSN: _____

Department: **IN** Bureau: **05** Sub bureau: **FA-** _____
(Center-Org Code)

Taxable Income to be reported in Tax year: _____

P. C. EFB

Amount paid to employee \$ _____

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

Cost Code Number: **FA-103-2810-HT-044R** _____

Authorized by: _____

Date: _____

Phone Number: (_____) _____