

**Employee Non-Cash Parking Benefit
HR/CMS Selection Form**

I understand I am receiving a tax reportable non-cash parking benefit and that the fair market value in excess of Federal and State allowable threshold is taxable. Accordingly, I am choosing that the benefit be reported in the following pay period(s):

Non-Cash Parking Benefit effective _____

Tax Year _____

Federal /State Taxable Amount: _____

To which Pay Period do you want the excess non-cash fringe benefit amount added

_____ 100% -- Added to taxable gross first pay period only.

_____ 100% -- Added to taxable gross second pay period only.

_____ 50% -- Added to taxable gross in each of the first and second pay periods

I agree to notify my Payroll Office if my parking benefit is no longer available.

(Employee ID)

(Signature)

(Date)

(Print Name)