Taxable Gift Documentation

Recipient ID # _________________________

Recipient Name ________________________________________

Taxable Value of Gift __________________ (No minimums)

Date of Receipt of Gift _____________________________

Brief Description of Gift ___________________________________________________

The recipient is paid on a Biweekly______ or Monthly ______ basis. (Please select one)

The taxable value of this gift will be included as taxable income on the recipient’s next regularly scheduled pay day. It will appear as XGF on their pay stub. The amount will also appear on the recipient’s W-2.

Department Name Issuing Gift ______________________________

Department Organization Number _____________________________

Authorized Department Representative Signature ________________________________
(Must have budgetary control)

Printed Name ____________________________________________

Telephone Ext._______________________

Please submit this form to the Payroll Office by the deadlines on the Payroll Calendar.

Payroll Use Only
Taxable amount added to the____________________ payroll.