Recipient's Primary Employer:	CSUSM	☐ CSUSM Corporation	
Notification of Mandatory Tax Withholding for Fringe Benefit Recipient			
Employee Ack	nowledgi	ment	
Taxation on Employee Fringe Benefit			
The value of any fringe benefit provided to recovered from your future paycheck and additional tax withholding. The value of to imputed income on your W2 form.	d will be s	hown on your paystub as	
Imputed income related to receiving a fri specific tax rates as follows:	nge bene	fit from the CSU, is subject to	
Federal Tax		22%	
State of California Tax		6.6%	
Social Security		6.2 %	
Medicare Tax		1.45 <u>%</u>	
Total Tax Based on Value of Fringe	Benefit	36.25%	
By signing below, you acknowledge that you are aware of the additional tax that will be deducted from your future paycheck, based upon the value of the fringe benefit you have received.			
Employee Signature	Emplo	Employee Printed Name	
Employee Peoplesoft ID	Date		

Dept ID

**Gift Card Vendor** 

**Department Name** 

**Gift Card Amount** 

Rev: 11/2020