

SMU Taxable Gift Card Documentation

Recipient's Name _____

SMU ID # _____

(Please attach a W-9 form if recipient is not an SMU employee.)

Date of Receipt of Gift Card _____

Value of Gift Card \$ _____

Brief Description of Gift Card _____

Certification:

I certify that I have received the gift card indicated above. The value received will be reported as taxable income subject to tax withholding

Signature: _____

Date: _____

Recipient of Gift Card

To be completed by the Issuing Department

Department Name Issuing Gift _____

Authorized Department Representative Signature _____

Printed Name _____

Telephone Ext. _____

Please submit this form to the Tax Compliance Office, Box 261.

For Tax Department Use Only

___ SMU employee ~~to~~ forward documentation to Payroll Department

___ Not SMU employee ~~to~~ documentation retain by Tax Department

For Payroll Department Use Only

Earn Code: FBT

Processed on: (Pay Run ID) _____ By: _____