

PRINCE GEORGE’S COUNTY PUBLIC SCHOOLS

**EMPLOYEE CERTIFICATION
OF
MONTHLY COMMUTING FRINGE BENEFITS FORM**

TO: Payroll Services
Sasscer Administration Building-Room 132

FROM: _____
(Name) (Work Location)

(EIN) (Classification Title)

From _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY), I was assigned a Prince George’s County Board of Education vehicle _____ (Motor Pool ID Number) which I used for transportation from my domicile to my first worksite and from my last worksite to my domicile.

The actual number of days the vehicle was used: _____ (days during the time stated above).

I understand that the amount of \$_____ (number of days X \$3.00) will be included as taxable wages on my Wage and Tax Statement (W-2) for federal and state tax purposes.

Certification

I understand that the value of my commuting use of Prince George’s County Public School owned vehicles will be included in taxable wages on my Wage and Tax Statement W-2 form for federal and state income tax purposes.

I also understand that if I have not exceeded the maximum annual FICA deductions, the valuation amount will be included in FICA wages on my W-2 form and FICA and Medicare taxes on this amount will be withheld from my December check.

The determination of value for income tax purposes will be made by multiplying \$3.00 per day for every day I commute to and from work in a vehicle provided by Prince George’s County Public Schools.

I herby certify that the information submitted on this certification is true, correct, and complete to the best of my knowledge and in performance with my position.

Employee’s Signature Date

Supervisor Signature Date

NOTE: Send this completed form to Payroll Services – room 132 at the end of each month.