



OFFICE OF THE CONTROLLER

ANNUAL STATEMENT
OF PERSONAL USAGE FOR RIC TELECOMMUNICATION DEVICE/SERVICE
November 1 - October 31

SECTION A: USER INFORMATION

Form fields for Employee Name, Employee ID, Agency (Rhode Island College), Payroll Account #, Period covered (From/To), and Telecommunication Device/Service Number.

SECTION B: MONTHLY TELEPHONE REIMBURSEMENT REPORTS AND PAYMENTS

Table with 3 rows and 3 columns (Question, A, B) regarding monthly telephone reimbursement reports and payments.

If any of your answers are in column B, you must complete Section C.

SECTION C: CALCULATION OF FRINGE BENEFIT AMOUNT

AMOUNT OF BENEFIT TO BE INCLUDED IN GROSS INCOME:

Form with 7 rows (A-G) for calculating fringe benefit amount, including total personal minutes, costs, text messages, 411 calls, other charges, employee payment, and taxable fringe benefit amount.

I CERTIFY THAT THE INFORMATION REPORTED ON THIS FORM IS COMPLETE AND ACCURATE.

Employee's Signature and Date lines.

Instructions to Employees:

- Complete and sign this form in duplicate and return to the Jeanne Machado, Room 100, Roberts Hall.
If more than one device/service is used under this method, complete a separate form for each.
IRS Regulations require employees to furnish to the employer with evidence used to arrive at the personal and business use. The monthly log provides that evidence.
THIS FORM WILL NOT BE ACCEPTED IF NOT ACCOMPANIED BY A MONTHLY LOG.