

# Reclamation Manual

## Directives and Standards

BOR Appendix D  
POD-18 (12/2022)  
Interior Business  
Center

**CONTROLLED//PRVCY**  
(When filled-in)

### REPORT OF TAXABLE FRINGE BENEFITS



Section 1: Employee Information					*required fields
First Name:*	Middle Name:	Last Name:*		Suffix:	
SSN (last 4 digits only):*	Department:*	Bureau:*	Subbureau:*	Organization Code:	
Section 2: Taxable Fringe Benefit Information					
Taxable income to be reported in tax year: <input style="width: 150px;" type="text"/>					
Pay Codes for Taxable Fringe Benefits		Amount	Cost Account Number		
EFB (Fringe Benefit)					
EPT (Parking – Taxable)					
ETT (Transportation – Taxable)					
66A (Payment Outside System (PCS)) – Only add if agency paid 3 <sup>rd</sup> party or employee directly.					
Pay Codes for Non-Monetary Awards *		Value of Non-Monetary Award	Cost Account Number		
30A (Other Award) – Gross Amount					
66A (Payment Outside System (PCS)) – Net Amount					
* Payroll Operations Branch (POB) will enter pay codes 30A and 66A for non-monetary awards.					
Section 3: Authorizing Official's Information and Signature					
Authorizing Official's Name: <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/> <input style="width: 50px;" type="text"/>					
		First Name	Last Name	Suffix	
Phone Number:	( <input style="width: 20px;" type="text"/> ) <input style="width: 40px;" type="text"/> - <input style="width: 40px;" type="text"/>	Email Address: <input style="width: 150px;" type="text"/>			
Mailing Address: <input style="width: 150px;" type="text"/>					
Street					
<input style="width: 100px;" type="text"/>		<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>		
City		State	Zip Code		
<input style="width: 150px;" type="text"/>			<input style="width: 150px;" type="text"/>		
Signature			Date		
<b>Submit this form to the Payroll Operations Division, Attention: Payroll Operations Branch.</b>					

**PRIVACY ACT STATEMENT:** Pursuant to 5 U.S.C. § 552a, 31 U.S.C. § 3512, 5 C.F.R. § 293, 5 C.F.R. § 297, and Executive Order 9397, as amended by Executive Order 13478, the collection of the information solicited on this form is for the purpose of processing employee entitlements and voluntary or involuntary pay deductions. Information will be used to report taxable fringe benefits, determine present and future entitlements, or correct employee wages, tips, and other compensation. Information may be disclosed to authorized agency officials to facilitate processing of pay and entitlements to the Internal Revenue Service (IRS) for tax reporting, or other agencies/organizations required to comply with Federal law and agency requirements, as outlined in the routine uses in the system of records notice DOI-85, Payroll, Attendance, Retirement, and Leave Records (83 FR 34156 (July 19, 2018)), Modified (86 FR 50156 (September 7, 2021)). Providing information on this form is voluntary; however, failure to provide the requested information may delay processing for entitlements or payroll deductions.

**RECORDS RETENTION:** DAA-0048-2013-0001-0004 – Short-term Human Resources Records. Cut off record as instructed in the agency/bureau records manual, or at the end of the FY in which the record is created if no unique cut-off is specified. Destroy 3 years after cut-off.