



Tax Withholding on Non-Salary Compensation Items

Privacy Notice : State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, contact payroll@tamuk.edu.

INSTRUCTIONS: This form is used to submit information about a non-salary compensation item that an employee has received through accounts payable 7KHFRPSHQVDWLRQZLOOEH LQFOXGHG income as wages subject to tax withholding requirements. See page 2 & 3 for the required Item Code. The Item Code must be completed before submitting the form .

Pay Sequence	Adloc	Adloc Name

UIN

			Object Code	Item Code	\$ Amount

Recurring Event?	Start Date for Recurring Event	Stop Date for Recurring Events (if known)
Yes No		

Comments:

Approval:

Department Head Signature

Date

Department Contact Name

Department Contact Phone #

<p>SUBMIT TO: Payroll Services SD\UROO#WDPXN HGX</p>	<p>NEED HELP? SD\UROO#WDPXN HGX 361-593-</p>
--	--