

Gift/Award/Incentive Form to Determine Taxability/Reportability to Recipient

Instructions: If the gift exceeds \$75 for an employee or \$250 for a non-employee, scan & submit the completed form to accounts-payable@boisestate.edu.

****Due to the sensitive nature of information on this form, DO NOT ATTACH TO OFC TRANSACTION.****

Purpose: This form collects information necessary to track gifts/awards/prizes and to determine whether gifts/prizes awarded to BSU faculty/staff or nonemployees are taxable in accordance with IRS requirements per BSU 6230 Gifts, Awards & Incentives.

PURCHASER INFORMATION

Department: _____
 Requester Name: _____ Ext. _____
 Vendor No (or Name & Empl ID for reimbursements) _____
 Payment method (check one): Purchase Requisition Employee reimbursement Pcard

REQUIRED RECIPIENT INFORMATION

Is the recipient a US citizen? YES No – **STOP:** If you answered “NO” to this question, please contact Tax Reporting at extension 6-2543 BEFORE gift is presented.

Recipient Name (PRINT): _____

Please fill in the information appropriate to the employee status of the recipient:

<u>Employee</u>	<u>Non-Employee</u>
Employee ID No.: _____	SSN: _____
Department: _____	Address: _____
Campus Ext: _____	City/State/Zip: _____
	Is the recipient related to an employee of the University? <input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS PURPOSE (all fields below are **REQUIRED**):

PLEASE CHECK ONE:

Cash Award/Prize Gift Certificate/Card (debit or cash equivalent type) Merchant Gift Certificate/Card (specific to a particular vendor/merchant) Other Gift

Description of gift: _____

What is the expected business outcome of this gift? _____

Why was this gift given to this individual? _____

How is this person affiliated with the University? _____

When was the gift given? _____ **Dollar Value:** \$ _____

Recipient or Purchaser Signature _____ **Date** _____

My signature certifies that I have received or given the prize or award described above. (Note: If the recipient does not sign two Boise State employees are required to acknowledge the information above is true and correct and that the gift was in fact given to the recipient.)

Second Signature _____ **Date** _____