



Jill A. Thompson
Athens County Auditor

Fringe Benefit Report

Date: _____

Department: _____

Please Complete the Following:

Employee Name: _____

Benefits	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	Total: _____

Explanation: _____

Comments: _____

I have reviewed the IRS Publication 15-B and listed all qualifying fringe benefits that are required to be reported

Employees Signature

No fringe benefits to report

Department Head/Elected Official Signature