

## SMU Taxable Gift Card Documentation

Recipient's Name \_\_\_\_\_

SMU ID # \_\_\_\_\_

(Please attach a W-9 form if recipient is not an SMU employee.)

Date of Receipt of Gift Card \_\_\_\_\_

Value of Gift Card \$ \_\_\_\_\_

Brief Description of Gift Card \_\_\_\_\_

### ***Certification:***

**I certify that I have received the gift card indicated above. The value received will be reported as taxable income subject to tax withholding.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Recipient of Gift Card*

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### ***To be completed by the Issuing Department***

Department Name Issuing Gift \_\_\_\_\_

Authorized Department Representative Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Telephone Ext. \_\_\_\_\_

**Please submit this form to the Tax Compliance Office, Box 261.**

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### ***For Tax Department Use Only***

\_\_\_ SMU employee → forward documentation to Payroll Department

\_\_\_ Not SMU employee → documentation retain by Tax Department

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### ***For Payroll Department Use Only***

Earn Code: FBT

Processed on: (Pay Run ID) \_\_\_\_\_ By: \_\_\_\_\_