



**Jill A. Thompson**  
Athens County Auditor

## Fringe Benefit Report

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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

\_\_\_\_\_  
Department Head/Elected Official Signature