

TAX WAIVER INFORMATION FORM

The undersigned employee submits the following information in order to permit the Plymouth Local School District to determine whether all or a portion of the college credit reimbursement provided to the employee must be included in the employee's taxable income and reported on the employee's W-2 form.

SECTION I

1. Name: _____
3. Current Position _____
4. If you are a certificated employee, list all areas of certification:

5. Do you currently hold a Bachelor's Degree? Yes _____ No _____
6. Is the course(s) taken or to be taken a graduate level course normally taken when pursuing a professional or advanced degree? Yes _____ No _____
7. College or University offering course(s): _____
8. Course Title: _____

SECTION II

I understand that in order for the fee waiver to be excluded as compensation subject to withholding, the courses must meet all of the following requirements (check if requirement is met):

Check here _____ The courses maintain or improve the skills used in my present position or are required by the schools. Please explain:

Check here _____ The courses are not necessary for me to meet the minimum educational requirements for my present position.

Check here _____ The courses are not part of a program which will lead to a degree that would qualify me for a new trade or business (usually either a professional degree or degree not related to my present position).

SECTION III

I understand that if the courses taken do not satisfy the conditions stated in Section II, then the payment will be includable as compensation, which is subject to all applicable tax withholding. In such case, or if the tax laws change, which would make such payment subject to taxation, the school will deduct the appropriate taxes from my regular paychecks and report such payment as taxable income to the appropriate taxing authorities.

Signature of Employee