
PRE-TAX PARKING/TRANSPORTATION BENEFIT – WHAT IS IT?

The Internal Revenue Service allows a transportation fringe benefit similar to the pre-tax flexible spending accounts available for medical expenses and dependent care. In other words, you can set aside money for parking that will not be taxed (Federal, State, Social Security) One important difference, however, is the transportation benefit does not include a “use it or lose it” feature as with the medical/dependent care flexible spending accounts.

HOW IT WORKS:

The individual employee elects to set aside a certain amount of pre-tax salary each pay period (no more than \$175.00 per month, or \$80.77 per biweekly pay period for parking expenses).

To renew your current UVA Parking Permit, submit your **original** parking invoice form showing the amount for parking with a **Completed Payroll Deduction form**. UVA Physicians Group will issue you a check for the amount of your parking permit. Take this check to UVA Parking & Transportation. **For new UVA parking spaces**, you will have to pay for your space up-front at UVA Parking & Transportation. **Submit the attached UVA Physicians Group Reimbursement Request and UVA Physicians Group Payroll Deduction form with your original receipt.**

If you pay monthly for a private parking space, as expenses are incurred, turn in a completed reimbursement form and original receipt for parking. UVA Physicians Group will issue you a check for the amount you paid. **Submit the attached UVA Physicians Group Reimbursement Request monthly and the UVA Physicians Group Payroll Deduction form upon enrollment.**

WHAT YOU NEED TO DO:

If you are interested in this benefit, please contact the Human Resources Department with the following information:

- **Name/Department** _____
- **Do you pay for parking monthly or annually?** _____
- **How much do you pay for parking?** _____
- **Pre-Tax Parking Payroll deduction Form** _____
- **Pre-Tax Parking Reimbursement Request** _____

Contact Faniska Brisker (434-980-6170, frb2n@virginia.edu) if you are interested in this benefit.

UVA PHYSICIANS GROUP
PAYROLL DEDUCTION FORM

Pre-Tax Parking/Transportation Benefit

I wish to enroll in the pre-tax parking/transportation benefit.

Employee Name (Printed)

Social Security Number

Clinical Department (Printed)

Parking Location/Lot #

I authorize my Employer to withhold the following amount:

\$ _____ before taxes (per pay period) effective _____ (date).
(Divide total by 26)

This is based on estimated total **annual** parking fees of \$ _____.

I understand that by signing and submitting this form, I authorize the adjustment to my salary based on by election above. Any unused amounts remaining in my account at the end of the plan year will be refunded to me.

Employee Signature

Date

ATTACHED ORIGINAL RECEIPT REQUIRED

YOU ARE RESPONSIBLE FOR ANY FUNDS ADVANCED ON YOUR BEHALF FOR PARKING. TO AVOID PARKING FEES BEING WITHHELD FROM YOUR PAY, IN THE EVENT OF TERMINATION OR CHANGE OF EMPLOYMENT WHERE PARKING IS NO LONGER REQUIRED; YOUR PARKING PERMIT MUST BE SURRENDERED TO HUMAN RESOURCES.

UVA PHYSICIANS GROUP

Pre-Tax Parking/Transportation REIMBURSEMENT REQUEST

Please print all information carefully. Sign the authorization below.

Employee Name (Printed)

Social Security Number

Clinical Department (Printed)

I hereby authorize my Employer to reimburse the amount stated below to me. The attached voucher is my proof that this amount has been used for the parking/transportation benefit as outlined by the IRS code Section 132(f).

\$_____.

Employee Signature

Date

Mailing Address (Check will be sent directly to Employee):

Human Resources Representative Approval

Date

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