

EMPLOYER-PAID BENEFIT PROGRAM

EMPLOYEE CERTIFICATION OF QUALIFIED FRINGE BENEFITS

I hereby acknowledge receipt of a monthly transportation fringe benefit of Fare Share/Super Fare Share transit subsidy. This benefit is paid by my employer in cooperation with Montgomery County, Maryland, and is valued at \$_____ per month (select one):

Metrocheks

(These can be used as Metrorail cards or as vouchers to exchange for other transit passes, tokens, or tickets)

Transit Passes, Tokens, or Tickets

(These may be for use on Metrorail, Metrobus, Ride On bus, or MARC Rail)

I hereby acknowledge receipt of a monthly transportation fringe benefit of parking paid for by my employer and valued at \$_____ per month

Qualified Parking

I will be using the benefit exclusively for my regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person. If I am receiving transit subsidies, the monthly benefit that I receive does not exceed my average monthly commuting cost based on a 21-day month commuting by public transportation.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment, and could subject me to prosecution for Federal income tax evasion.

Signed: _____ Date: _____