University of Massachusetts Amherst Cell Phone or Other Communication Device Business Use Statement October 14, 2011

The following policy reflects changes on the tax treatment for personal use of employer provided cellular telephones or other similar telecommunications equipment (hereinafter collectively "cell phones"). IRS <u>Notice</u> 2011-72 explains that when an employer provides an employee with a cell phone for business the value of the employee's personal use will be treated as a non-taxable fringe benefit when a substantial business use can be established.

Substantial business reasons include:

- Employer's need to contact the employee for work related emergencies
- Employer's requirement that the employee be available to conduct employer's business when away from the office

This form needs to be completed and then approved by a supervisor or department head to affirm that employees have a substantial business reason for having their cell phone costs paid for by the University. *No payments or reimbursements of cell phones will be made unless this form is submitted.* Employees are required to resubmit the attached form if circumstances reduce their business need for a UMass cell phone.

In addition to tax issues there are other limitations on University provided cell phones.

- Family members and non-employees cannot be on UMass phone plans.
- When University funds are used to purchase a cell phone or other communication device that device must be serviced by a University paid plan.
- Cell phone costs generally cannot be paid from grants unless they are for budgeted direct research costs, e.g. remote transmissions from instrumentation.

| Check all that apply: Employer's need t Required to condu Other substantial | ict business | | Yes | No |
|--|-----------------------|------------------------------|-------------|-------------------|
| Provide a description of the communication Device. The reimbursed as a University | e substantial Univers | • | - | |
| My signature certifies that the Controller's Office if my bus | | ss use statement is accurate | e and I agr | ree to notify the |
| Employee Signature | EmplID | Print Name | | Date |
| Supervisor or Department Head Approval | | Print Name | | Date |

Please contact the Controller's Office with any questions at 545-0806.

A signed scan of this form can be emailed to: chartstr@admin.umass.edu, faxed to (413) 545-9972 or mailed to: Controller's Office, 100 Venture Way, Suite 201, Hadley, MA 01035