

Section I: General Information

The University of Memphis is authorized to pay the Professional Privilege Tax for full-time, regular employees for whom the Tennessee tax is levied, **only if the profession is directly related to the work currently performed for the University**. Please note that the payment of \$400 will be included on your W-2 as taxable income. **Return this form, completed in its entirety, to Human Resources via e-mail at hrservicecenter@memphis.edu no later than May 13, 2022.**

Section II: Employee Information

Full Name: _____

Banner UID #: _____

Department Name: _____ UofM Job Title: _____

Index #: _____ Fund Code: # _____ Org Code #: _____ Acct Code #: _____

Program Code #: _____ Current License #: _____

Occupation from list below:

Describe your current duties as related to your license.

Section III: Signatures

I certify that I am a full-time, regular employee of the University of Memphis and subject to the Tennessee Professional Privilege Tax.
I also certify that my license is directly related to my job at the University of Memphis.

Employee Signature: _____ Date: _____

I certify that the license held by the above-referenced employee is related to work performed for the University. I understand I may need to provide Human Resources a detailed job description if there is a question about the job-relatedness of the license.

Supervisor Signature: _____ Date: _____

I approve the payment of the Professional Privilege Tax for the employee listed above.

Divisional Leader's Signature: _____ Date: _____

Section IV: Occupations

Occupations covered by the Professional Privilege Tax are listed below (check as appropriate):

- ____ Agents
- ____ Attorneys
- ____ Broker-dealers
- ____ Investment Advisors registered under Title 48 of the Tennessee Code
- ____ Lobbyists
- ____ Osteopathic Physicians
- ____ Physicians

For the most recent information, visit the State of Tennessee Department of Revenue website at: <http://www.tn.gov/revenue>.