Attachment 7

Agency Certification of the Vehicle Fringe Reporting Process
2026 Reporting Period

NOVEMBER 1, 2025 AND ENDING OCTOBER 31, 2026

Agency Name:
Name of Individual Certifying Agency Compliance:
Title of Individual Certifying Agency Compliance:
Phone Number:
E-mail Address:
Number of Forms Submitted:

I certify that to the best of my knowledge:

- All employees within this agency who have commuted in a State vehicle and who are required by IRS regulations to report such vehicle use as part of their gross income have been given the necessary reporting information and have properly completed the required forms.

- Agency personnel have checked these forms for accuracy and completeness.

- The required forms are transmitted with this certification. Copies and related documentation will be maintained on file within the agency for 4 years and will be made available for any DBM audit verification.

Signature:
Date: