

COLLEGE AT ONEONTA

Participant Stipend Form

Participant Name			US Citizen YES NO <small style="color: red;">Attach Alien Information Form for Non US Citizens (30% withholding may apply)</small>	
Address 1				
Address 2				
City		State		Zip Code
Taxpayer ID (Social Security Number)				
Dates of Participation (MM/DD/YY -MM/DD/YY) –			Country (if outside US)	
Full Description of Participation: (Attach additional page if necessary)				
<p>If US Citizen, or Resident Alien, complete the following information for the supplier file coding. Payments are not taxable and are reported on 1099 Misc as Other Income, therefore a 1099 supplier site that must exist.</p> <ul style="list-style-type: none"> ➤ Supplier Type: Must be Participant Stipend ➤ Income Tax Type: Must be Misc 3 Other Income ➤ Name Control: _____ (first four characters of the last name of the 1099 supplier and must be entered into Oracle in upper cash only) ➤ Organization Type: Must be Individual 				
<p>If Nonresident Alien, complete the following information for the supplier file coding. Payments are taxable at 30% unless a foreign source funding exemption applies. If exemption applies, check the foreign source box and attach completed form Nonresident Alien Participant Stipend Tax Exemption Certificate. If there is no exemption, code for tax withholding at the header and site levels with Withholding Group 30%.</p> <ul style="list-style-type: none"> ➤ Foreign Source (Invoice Distribution DFF 1042-S Tax Rule PSFS) ➤ Supplier Type: Must be Non Citizen-Individual ➤ If taxable, Withholding Group: 30% _____, (Invoice distribution DFF 1042-S Tax Rule PSTax) ➤ Organization Type: Must be Foreign Individual 				
Charges are to be processed against the following:			Amount: \$	
Project	Task	Award	Expenditure Type FPS Participant Support	Organization 220
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Participant Certification: Under penalties of perjury, I certify that the Taxpayer Identification Number shown at the top of this form is correct and that no order for backup withholding from the IRS exist.

Subject Signature:

Date:

Project Director Certification: I certify that this payment is permissible under the terms and conditions stated in the agreement for the above referenced award and that funds are available for this purpose.

Project Director or Designee:

Date:

FOR INTERNAL USE ONLY

Supplier Number:

Site:

Invoice Date:

Invoice Number:

Research Foundation Approval: _____ **Date:** _____

Input: _____ Date: _____

Revised 6/3/2015