



## Participant Stipend Form

|   |          |                                      |           |
|---|----------|--------------------------------------|-----------|
| <b>Operating Location:</b>  |          | <b>Effective Date:</b>               |           |
| <b>Supplier File Information:</b>   |          |                                      |           |
| Supplier Name (Up to 80 Characters)   |          | Taxpayer ID (Social Security Number) |           |
| <b>Site Information:</b>  |          |                                      |           |
| 1099 Site   | Pay Site | Purchasing Site                      |           |
| Supplier Address: (each line has 35 characters available)   |          |                                      |           |
| Address 1   |          |                                      |           |
| Address 2   |          |                                      |           |
| Address 3   |          |                                      |           |
| Address 4   |          |                                      |           |
| City  | State    | Postal Code                          |           |
| Country   |          | Province                             |           |
| <p><b>If US Citizen, or Resident Alien,</b> 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"> <li>➤ <b>Supplier Type:</b> Must be Participant Stipend</li> <li>➤ <b>Income Tax Type:</b> Must be Misc 3 Other Income</li> <li>➤ <b>Name Control:</b> _____ (first four characters of the last name of the 1099 supplier and must be entered into Oracle in upper cash only)</li> <li>➤ <b>Organization Type:</b> Must be Individual</li> </ul>  |          |                                      |           |
| <p><b>If Nonresident Alien,</b> 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 <b>Nonresident Alien Participant Stipend Tax Exemption Certificate</b>. 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"> <li>➤ ___ <b>Foreign Source</b> (Invoice Distribution DFF 1042-S Tax Rule PSFS)</li> <li>➤ <b>Supplier Type:</b> Must be Non Citizen-Individual</li> <li>➤ <b>If taxable, Withholding Group:</b> 30% ____, (Invoice distribution DFF 1042-S Tax Rule PSTax)</li> <li>➤ <b>Organization Type:</b> Must be Foreign Individual</li> </ul> |          |                                      |           |
| <b>Charges are to be processed against the following:</b>   |          |                                      | <b>\$</b> |



| Project | Task | Award | Expenditure Type | Organization |
|---------|------|-------|------------------|--------------|
|         |      |       |                  |              |
|         |      |       |                  |              |

**Approvals:**

This payment is permissible under the terms stated by the above sponsor and funds are available for payment.

**Project Director/Co-Project Director:** \_\_\_\_\_

**Operations Manager:** \_\_\_\_\_

**Additional Campus Signature as required:** \_\_\_\_\_

*Revised 5/28/13*