

Participant Stipend Form

| | | | | |
|---------------------|--|--|--------------------|--|
| Operating Location: | | | Effective Date: | |
| Stipend Amount: | | | End Date: | |
| Lump Sum: | | | Scheduled Payment: | |

Supplier File Information

| | | | | |
|---|--|--|---|--|
| Name: <small>(up to 80 characters)</small> | | | Tax Payer ID: <small>(Social Security #)</small> | |
| Visa Type: | | | Visa Expiration Date: | |
| I-9 Status: | | | | |

Site Information

1099 Site MISC 3

Address: (each line has 35 characters available)

| | | | |
|-----------|--|-------------|--|
| Address 1 | | | |
| Address 2 | | | |
| City | | Postal Code | |
| State | | Country | |
| | | Province | |

Procurement, complete the following information for supplier file coding.

If U.S. Citizen or Resident Alien

Taxes will not be withheld. This is taxable income and will be reported as such on 1099 Misc as Other Income.

- *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 in Oracle in uppercase only)
- *Organization Type:* Must be **Individual**

If Non-Resident Alien, complete the following information for file coding. Payments are taxable at 30% unless an exemption applies. If exemption applies, check the appropriate entry and attach the completed *Nonresident Alien Participant Tax Exemption Certificate:*

- | | |
|--|---------------------------------|
| • <i>Foreign Source:</i> | <i>Sponsor Controlled:</i> |
| • <i>Supplier Type:</i> Must be NRA reflecting the appropriate exemption | |
| • <i>Withholding Group:</i> 30% | Exemption No Withholding Group: |
| • <i>Organization Type:</i> Must be <i>Foreign Individual</i> | |

Description of Stipend:

Charging Instructions

| PROJECT | TASK | AWARD | Expenditure Type | Organization |
|---------|------|-------|-------------------------|--------------|
| | | | FPS Participant Support | |
| | | | FPS Participant Support | |

APPROVALS:

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

Project Director/Co-Project Director:

| | | |
|--|-----------|------|
| | Signature | date |
| Office of Grants Management: | | |
| | Signature | date |
| Additional Campus Signature as required: | | |
| | Signature | date |

DECLARATION

I acknowledge that no services are required of me in consideration of the stipend provided by this sponsor.

Stipend Recipient:

| | | |
|--|-----------|------|
| | Signature | date |
|--|-----------|------|