



# PARTICIPANT STIPEND FORM

(Type or Print Clearly)

First Name, Middle Initial, Last Name	Taxpayer ID (Social Security Number)		
<input type="checkbox"/> <b>CHECK TO CAMPUS</b> <input type="checkbox"/> <b>MAIL CHECK DIRECTLY TO PARTICIPANT</b> <input type="checkbox"/> <b>ACH</b>			
<b>DATES OF PARTICIPATION:</b>			
<b>DESCRIPTION OF EVENT:</b>			
<b>Mailing Address of Participant:</b>			
Street/Apt			
City	State	Postal Code	
Country		Province	
Telephone		Email	

**If US Citizen or Resident Alien:**

Reportable to the IRS, reported on 1099 Misc as Other Income, therefore a 1099 supplier site that must exist.

**Please check box if  US Citizen or  Resident Alien**

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**If Non-Resident Alien:**

Payments are taxable at 30% unless an exemption applies. If exemption applies, check this box and attach completed form Nonresident Alien Participant Stipend Tax Exemption Certificate.

**Sponsor Controlled:** \_\_\_\_\_

***Please check box if  Non-Resident Alien***

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**Stipend Amount: \$**

Project	Task	Award	Expenditure Type	Organization