Sample Payment Using the following Criteria

➢ Scholarship payment

➢ J-1(Student) Nonresident Alien (NRA)

➢ Non-Tax Treaty Country

➢ NRA has no SSN/ITIN and Applied for ITIN
Payment Request

This web entry system is used to generate a paper form to print and submit to your division office when requesting a check be written to an individual, multiple individuals, or vendors (Payment to Individual Report or Direct Pay Form). This system is not used to generate Employee Reimbursement forms. Scroll down for further information.

Select Recipient Type:

- **One Individual - US**
  Use this to generate a check to a single individual who is a US citizen or Permanent Resident. More info...

- **One Individual - Non-US**
  Use this to generate a check to a single individual who is not a US citizen or Permanent Resident. If applicable, you will need to attach the appropriate Tax Treaty Exemption form to prevent the withholding of income taxes. More info...

- **Company - US**
  Use this to generate a check to a US vendor when no purchase order is required.

- **Company - Non-US**
  Use this to generate a check to a non-US vendor when no purchase order is required. If payment is to be made in non-US currency, or by wire transfer or draft, additional forms will need to accompany this request. More info...

**Multiple Individuals - US** Not Currently available. You will need to use the Individual recipient type multiple times (so each has their own separate form). We hope to work out a better way to do this shortly.

Recipients cannot be payrolled employees, unless payment is for support, scholarship, research subject study participant, or cash prize awards not related to their employment.

Even if payment is being requested in a foreign currency, you must enter the funding amount in US Dollars. Here is a currency converter site.

The printable form that this system generates will include a list of required additional forms, if any.
Type of Payment

Define Type of Payment

Dept. Contact Name: JOSE A. CARUS, JR.

Dept. Contact Phone: 608-262-0582

Transaction Date: 03/05/2013

Choose Type of Payment from this 'Common' list:
Student Aid/Scholarship - semester 1 (5711)

You are currently seeing "Common" Payment Types. To see "All" Payment types, click this link.

Continue

https://coetools.engr.wisc.edu/uw_pay_request/type_of_payment.php
Payment Purpose

Define Purpose of Payment

These are the types of questions that should be answered by the Purpose statement:

- Provide name of scholarship or award

SCHOLARSHIP

Continue
**Enter Recipient's Information**

| Name (Last, First) *           | NICOLLE                  |
| Mailing Address 1 *           | ANY STREET               |
| Mailing Address 2             |                          |
| Mailing City *                | ANY CITY                 |
| Mailing State                | ANY STATE                |
| Mailing Postal Code          | ANY ZIP                  |
| Mailing Country *             | USA                      |

Check here if the permanent address is the same as the mailing address [x]
Otherwise, enter the recipient's permanent address

| Permanent Address 1          |                          |
| Permanent Address 2          |                          |
| Permanent City               |                          |
| Permanent State              |                          |
| Permanent Postal Code        |                          |
| Permanent Country            | USA                      |

| Country of citizenship *     | Argentina                |
| Visa Type *                  | J-1 Student              |

[Continue]
Enter Payment Info for NICOLLE

Choose Method of Payment: check

Enter Currency for Payment: US Dollars

Continue
Enter Funding Information for Recipient

Enter Funding for NICOLLE:

For all Projects please enter the Fund and the last 4 characters of the project number. Output DP or PIR will reflect the proper project ID based on the SFS Project Database.

<table>
<thead>
<tr>
<th>Fund</th>
<th>Project/Grant suffix</th>
<th>UDDS</th>
<th>Program</th>
<th>Amount</th>
<th>Budget Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>101</td>
<td>030500</td>
<td>1</td>
<td>$1000.00</td>
<td>2013</td>
</tr>
</tbody>
</table>
Check Payable To: NICOLLE
Invoice #: PIR 030513
Tax ID #: 
APPLIED
Transaction/Invoice Date: 03/05/2013
Mail check to: NICOLLE
PERMANENT HOME ADDRESS (REQUIRED)
ANY STREET
ANY CITY, ANY STATE, ANY ZIP, USA
Purpose of Payment: SCHOLARSHIP

Withholding Tax Calculation:

Total Amount Subject to Federal Tax = 1,000.00 (taxable amount)
Tax rate of 14% X taxable amount of 1,000.00 = 140.00 (amount to be withheld)

Funding for NICOLLE:

<table>
<thead>
<tr>
<th>Amount</th>
<th>Acct</th>
<th>Fund</th>
<th>Dept</th>
<th>Prog</th>
<th>Class/Bldg</th>
<th>Budget Year</th>
<th>Project</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000.00</td>
<td>5711</td>
<td>101</td>
<td>030500</td>
<td>1</td>
<td></td>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Tax</td>
<td>140.00</td>
<td>7352</td>
<td>904</td>
<td>0</td>
<td></td>
<td>2013</td>
<td>9041042</td>
<td></td>
</tr>
<tr>
<td>NET AMT</td>
<td>860.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

JOSE A. CARUS, JR.
Contact Name
608-262-0582
Contact Number

Required Forms: Copy of DS-2019, Copy of I-94 and Passport with Photo, W-8BEN
The following forms must be completed and accompany this form

<table>
<thead>
<tr>
<th>No.</th>
<th>Form Description</th>
<th>Detailed Description</th>
<th>Website Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>Copy of DS-2019</td>
<td>Passport (Legible copy of picture page only)</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Copy of I-94 and Passport with Photo</td>
<td>IRS W 8-BEN Certification Of Foreign Status Of Beneficial Owner For U.S. Tax Withholding</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>W-8BEN</td>
<td>Form used to provide tax reporting information (non-US residents)</td>
<td>[<a href="https://admin">https://admin</a>. engr. wisc. edu/uw_pay_request/incl udes/pir_travel_egr.xls](<a href="https://admin">https://admin</a>. engr. wisc. edu/uw_pay_request/includes/pir_travel_egr.xls)</td>
</tr>
</tbody>
</table>
T22000129

GEB. GABLER

12.08.1964

BERLIN

938568

31.10.2020

Schmidt Nicolas
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

1. Program Sponsor:
   University of Wisconsin-Madison
   Field of Study: Student Non-Degree

2. Participants
   Jordan Schaefer, Nicolle Schmidt

3. Purpose of stay:
   Begin new program, accompanied by number (0) of immediate family members.

4. U.S. Department of State, Form I-94 or Certification
   Date: [Date]

5. Exchange Visitor Program Number:
   A-40127

6. Alternate Responsible Officer:
   Title: [Title]
   Address: [Address]
   Telephone Number: [Phone Number]

7. Statement of Responsible Officer for Sponsoring Employee (for transfer of program)
   Effective Date: [Date]
   Transfer of the exchange visitor from program number [Program Number]

8. Preliminary Endorsement of Consular or Immigration Officer
   Regarding Section 213(a) of the Immigration and Nationality Act and P.L. 94-380, as amended

9. Exchange Visitor Certification
   I have read and agree with the statement on line 2 on page 2 of this document.

Signature of Applicant:

Page 1 of 2

[Form I-901]

[Signature of Responsible Officer or Alternate Responsible Officer]

[Date]

[Signature of Consular or Immigration Officer]

[Date]

[Signature of Responsible Officer or Alternate Responsible Officer]

[Date]
### Certificate of Foreign Status of Beneficial Owner

**For United States Tax Withholding**

<table>
<thead>
<tr>
<th>Form</th>
<th>W-8BEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department of the Treasury Internal Revenue Service</strong></td>
<td><strong>Certificate of Foreign Status of Beneficial Owner</strong></td>
</tr>
<tr>
<td><strong>Section references are to the Internal Revenue Code.</strong> See separate instructions.</td>
<td><strong>O Mb No. 1545-1621</strong></td>
</tr>
<tr>
<td><strong>Do not use this form for:</strong></td>
<td><strong>Give this form to the withholding agent or payer. Do not send to the IRS.</strong></td>
</tr>
<tr>
<td>• A U.S. citizen or other U.S. person, including a resident alien individual</td>
<td><strong>Instead, use Form:</strong></td>
</tr>
<tr>
<td>• A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States</td>
<td>W-9</td>
</tr>
<tr>
<td>• A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions)</td>
<td>W-8ECI or W-8BEN</td>
</tr>
<tr>
<td>• A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section 116(b), 501(c), 622, 895, or 1443(b) (see instructions)</td>
<td>W-8ECI or W-8EXP</td>
</tr>
<tr>
<td><strong>Note:</strong> These criteria should be used Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.</td>
<td></td>
</tr>
<tr>
<td>• A person acting as an intermediary</td>
<td>W-8NY</td>
</tr>
<tr>
<td><strong>Note:</strong> See instructions for additional exceptions.</td>
<td></td>
</tr>
</tbody>
</table>

#### Part I Identification of Beneficial Owner (See Instructions.)

<table>
<thead>
<tr>
<th>1 Name of individual or organization that is the beneficial owner</th>
<th>2 Country of incorporation or organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICHOLLE SCHMIDT</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Type of beneficial owner:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Individual</td>
<td>☐ Corporation</td>
</tr>
<tr>
<td>☐ Grantor trust</td>
<td>☐ Complex trust</td>
</tr>
<tr>
<td>☐ Central bank of issue</td>
<td>☐ Tax-exempt organization</td>
</tr>
<tr>
<td>☐ Estate</td>
<td>☐ Government</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Permanent residence address (street, apt., suite no., or rural route). Do not use a P.O. box or in-care-of address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5875 ANY ADDRESS</td>
</tr>
<tr>
<td>City or town, state or province. Include postal code where applicable.</td>
</tr>
<tr>
<td>ANY CITY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5 Mailing address (if different from above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 ANY ADDRESS</td>
</tr>
<tr>
<td>City or town, state or province. Include postal code where applicable.</td>
</tr>
<tr>
<td>ANY CITY, ANY STATE 12346</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 U.S. taxpayer identification number, if required (see instructions)</th>
<th>7 Foreign tax identifying number, if any (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN or ITIN</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| 8 Reference number(s) (see instructions) | |
|----------------------------------------||
| N/A                                   | |

#### Part II Claim of Tax Treaty Benefits (if applicable)

<table>
<thead>
<tr>
<th>9 I certify that (check all that apply):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ The beneficial owner is a resident of the income tax treaty between the United States and that country.</td>
<td></td>
</tr>
<tr>
<td>☐ If required, the U.S. taxpayer identification number stated on line 6 (see instructions).</td>
<td></td>
</tr>
<tr>
<td>☐ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).</td>
<td></td>
</tr>
<tr>
<td>☐ The beneficial owner is not an individual, claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).</td>
<td></td>
</tr>
<tr>
<td>☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, $500,000.</td>
<td></td>
</tr>
<tr>
<td>☐ Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 6a above to claim a ........................% rate of withholding on [specify type of income]. Explain the reasons the beneficial owner meets the terms of the treaty article:</td>
<td></td>
</tr>
</tbody>
</table>

#### Part III Notional Principal Contracts

| 11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required. |

#### Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or an authorized signee) of all the income to which this form relates.
- The beneficial owner is not a U.S. person.
- The income in which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, and
- The beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

#### Sign Here

**Signature of beneficial owner (or individual authorized to sign for beneficial owner)**

**Date (MM-DD-YYYY)**

**Capacity in which acting**

For Paperwork Reduction Act Notice, see separate instructions.

**Cat. No. 25047Z**

**Form W-8BEN (Rev. 12-2009)**
**Application for IRS Individual Taxpayer Identification Number**

This number is for Federal tax purposes only.

**FOR IRS USE ONLY**

---

Before you begin:
- Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN).
- Receipt of an IRS individual taxpayer identification number (ITIN) creates no inference regarding your immigration status or your right to work in the United States.
- Receipt of an ITIN does not make you eligible to claim the earned income credit (EIC).

Reason you are submitting Form W-7. Check only one box (see instructions).
- [x] Nonresident alien required to obtain ITIN to claim tax treaty benefit
- [ ] Nonresident alien filing a U.S. tax return and not eligible for an SSN
- [ ] U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
- [ ] Dependent of U.S. citizen/resident alien Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)
- [ ] Spouse of U.S. citizen/resident alien
- [ ] Nonresident alien student, professor, or researcher filing a U.S. tax return and not eligible for an SSN. Complete line 6g below
- [ ] Dependent/spouse of a nonresident alien visa holder. Enter name and Visa type of primary holder (see instructions)
- [ ] Other INS Classification (specify) ►

---

**Name**

<table>
<thead>
<tr>
<th>(see instructions)</th>
<th>1a First name</th>
<th>Middle name</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICOLLE</td>
<td>L</td>
<td>SCHMIDT</td>
<td></td>
</tr>
</tbody>
</table>

**Name at birth if different ►**

---

**Applicant's foreign address**

(see instructions)

2 Street address, apartment number, or rural route number. Do not use a P.O. box number.

5578 ANY ADDRESS

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

ANY CITY, GERMANY

---

**Mailing address**

(If different from above)

3 Street address, apartment number, or rural route number. If you have a P.O. Box, see page 3.

1234 ANY ADDRESS

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

ANY CITY, ANY STATE, 12345

---

**Birth information**

4 Date of birth (month, day, year)

5 / 19 / 49

Country of birth

GERMANY

City and state or province (optional)

N/A

Sex [x] Female

---

**Other information**

6a Country(ies) of citizenship

GERMANY

6b Foreign tax identification number (if any)

N/A

6c Type of U.S. visa (if any), number, and expiration date

J-1 10/14/20

6d Identification document(s) submitted (see instructions).

- [ ] Passport
- [ ] Driver's license/State I.D.
- [ ] INS Documentation
- [ ] Other

Issued by: Germany

4 / 3 / 9 Exp. date: 4 / 3 / 09

6e Have you previously received a U.S. Taxpayer Identification Number (TIN) or Employer Identification Number (EIN)?

- [x] No
- [ ] Do not know. Skip line 6f.
- [ ] Yes. Complete line 6f. If you need more space, list on a sheet and attach to this form (see instructions).

6f TIN

[Redacted]

Enter the name under which the TIN was issued.

EIN

[Redacted]

Enter the name under which the EIN was issued.

6g Name of college/university or company (see instructions)

University of Wisconsin-Madison

City and State

Madison, WI

Length of stay

1 / 3 / 13

---

**Sign Here**

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application and the accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to disclose to my acceptance agent returns or return information necessary to resolve matters regarding the assignment of my IRS individual taxpayer identification number (ITIN), including any previously assigned taxpayer identifying number.

Signature of applicant (if delegate, see instructions)

[Signature]

Date (month, day, year)

[ ]

Phone number

[ ]

---

**Acceptance Agent's Use ONLY**

Keep a copy of this form for your records.

Name of delegate, if applicable (type or print)

[ ]

Delegate's relationship to applicant

[ ] Parent

[ ] Court-appointed guardian

[ ] Power of Attorney

Phone

608-252-0592

Fax

608-252-5640

---

**For Paperwork Reduction Act**

Cat. No. 10299L

Form W-7 (Rev. 12-2002)