Sample Payment Using the following Criteria

➢ Services (Honorarium) payment

➢ B-1 (Visitor for Business) Nonresident Alien (NRA)

➢ Tax Treaty Country

➢ NRA has SSN/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

Format: mm/dd/yyyy

Choose Type of Payment from this 'Common' list:
Services performed within the U.S. by a Nonresident Alien (NRA) (2620)

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

Continue

Logout
Payment Request | UW Home

This Page Format Last Updated on June 14 2012 10:28:55 AM.
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Payment Purpose

Define Purpose of Payment

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

- Describe services provided, including:
  - For Whom?
  - Where and When?

Presenter at Physics Class
Enter Recipient's Information

Name (Last, First) *
NICOLLE

SSN or TIN
123456789

Mailing Address 1 *
ANY STREET

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 ☑
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 *
Germany

Visa Type *
B-1

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>

View Output
Check Payable To: NICOLLE
Invoice #: PIR 030513
Tax ID #: 123456789
Transaction/Invoice Date: 03/05/2013

Mail check to: NICOLLE
ANY STREET
ANY CITY, ANY STATE, ANY ZIP, USA

Purpose of Payment: PRESENTER AT PHYSICS CLASS

Withholding Tax Calculation:
Total Amount Subject to Federal Tax = 0.00 (taxable amount)
Tax rate of 0% X taxable amount of 0.00 = 0.00 (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>2620</td>
<td>101</td>
<td>030500</td>
<td>1</td>
<td></td>
<td>2013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Net Amt $1,000.00

JOSE A. CARUS, JR.

Contact Name

608-262-0582
Contact Number

Required Forms: Copy of I-94 and Passport with Photo, Form 8233, W-8BEN
The following forms must be completed and accompany this form

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>Copy of I-94 and Passport with Photo</td>
<td>Passport (Legible copy of picture page only)</td>
</tr>
<tr>
<td>52</td>
<td>Form 8233</td>
<td>IRS Form 8233</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Form used to exempt service payments from withholding tax. Dependent on existence of tax treaty between visitor’s home country and US. Forms on file with UW for 1 year.</td>
</tr>
<tr>
<td>51</td>
<td>W-8BEN</td>
<td>IRS W 8-BEN Certification Of Foreign Status Of Beneficial Owner For U.S. Tax Withholding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Form used to provide tax reporting information (non-US residents)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[<a href="https://admin">https://admin</a>. engr. wis. edu/ uw_ pay_request/ in cl udes/pir_travel_ engr. xls](<a href="https://admin">https://admin</a>. engr. wis. edu/ uw_ pay_request/ in cl udes/pir_travel_ engr. xls)</td>
</tr>
</tbody>
</table>
BUNDESREPUBLIK DEUTSCHLAND
PERSONALIDAUSWEIS
T220000129
GEB. GABLER
12.08.1964
BERLIN
9385568
31.07.2020
VERWALTUNGSRÄTIN/ Pharmazie
NICOLE SCHMIDT
Staatsangehörigkeit/Nationality:
DEUTSCH
Geburtsdatum/Date of birth:
12.08.1964
Geburtsort/Place of birth:
BERLIN
Auskunft/Place of issue:
DEUTSCH
304213580  20

March 1 2013

Schmidt
Nicole

Germany

Check to see that the port of entry official stamped I-94 card

This is the date entered the U.S.
Form W-8BEN
Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

→ Section references are to the Internal Revenue Code. → See separate instructions.
→ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:
- A U.S. citizen or other U.S. person, including a resident alien individual
- 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
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions)
- 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(s) 1152(c), 501(c), 892, 895, or 1443(b) (see instructions)

Note: These entities should use 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.
- A person acting as an intermediary

Instead, use Form: W-9
W-8ECI
W-8BNY
W-8EXP

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner
NICOLLE SCHMIDT

2 Country of incorporation or organization
GERMANY

3 Type of beneficial owner:
☐ individual
☐ Corporation
☐ Disregarded entity
☐ Partnership
☐ Simple trust
☐ Grantor trust
☐ Complex trust
☐ Estate
☐ Government
☐ Tax-exempt organization
☐ Private foundation
☐ Central bank of issue
☐ Foreign private foundation

4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.
5878 ANY ADDRESS

City or town, state or province. Include postal code where appropriate.
ANY CITY

Country (do not abbreviate)
GERMANY

5 Mailing address (if different from above)
1234 ANY ADDRESS

City or town, state or province. Include postal code where appropriate.
ANY CITY, ANY STATE 12345

Country (do not abbreviate)
U.S.A.

6 U.S. taxpayer identification number, if required (see instructions)
123-45-6789

☐ SSN or ITIN ☐ EIN

7 Foreign tax identifying number, if any (optional)
N/A

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

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):
   ☐ a The beneficial owner is a resident of GERMANY within the meaning of the income tax treaty between the United States and that country.
   ☐ b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
   ☐ c The beneficial owner is 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).
   ☐ d The beneficial owner is not an individual, is 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).
   ☐ e 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 8834 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, $500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article ........................ of the treaty identified on line 9a 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:

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 am authorized to sign for the beneficial owner) of all the income to which this form relates.
   ☐ The beneficial owner is not a U.S. person.
   ☐ The income to 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.
   ☐ For broker transactions or barter exchanges, 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 distribute or make payments of the income of which I am the beneficial owner.

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. 250472

Form W-8BEN (Rev. 12-2008)
Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual

Who Should Use This Form?

IF you are a nonresident alien individual who is receiving . . .

Compensation for independent personal services performed in the United States

Compensation for dependent personal services performed in the United States

Noncompensatory scholarship or fellowship income and personal services income from the same withholding agent

THEN, if you are the beneficial owner of that income, use this form to claim . . .

A tax treaty withholding exemption for part or all of that compensation and/or to claim the daily personal exemption amount.

A tax treaty withholding exemption for part or all of that compensation.

Note: Do not use Form 8233 to claim the daily personal exemption amount.

A tax treaty withholding exemption for part or all of both types of income.

DO NOT Use This Form . . .

IF you are a beneficial owner who is . . .

Receiving compensation for dependent personal services performed in the United States and you are not claiming a tax treaty withholding exemption for that compensation

Receiving noncompensatory scholarship or fellowship income and you are not receiving any personal services income from the same withholding agent

Claiming only foreign status or treaty benefits with respect to income that is not compensation for personal services

INSTEAD, use . . .

Form W-4

Form W-8BEN or, if elected by the withholding agent, Form W-4 for the noncompensatory scholarship or fellowship income

Form W-8BEN

This exemption is applicable for compensation for calendar year . . . , or other tax year beginning . . .

Part I Identification of Beneficial Owner (See Instructions.)

1 Name of individual who is the beneficial owner
   NICOLLE SCHMIDT

2 U.S. taxpayer identifying number
   123-45-6789

3 Foreign tax identifying number, if any (optional)
   N/A

4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box.
   5678 ANY ADDRESS

   City or town, state or province. Include postal code where appropriate.
   ANY CITY

   Country (do not abbreviate)
   GERMANY

5 Address in the United States (street, apt or suite no., or rural route). Do not use a P.O. box.
   1234 ANY ADDRESS

   City or town, state, and ZIP code
   ANY CITY, ANY STATE 12345

6 U.S. visa type
   B-1

7a Country issuing passport
   GERMANY

7b Passport number
   123456789

8 Date of entry into the United States
   03/12/203

9a Current nonimmigrant status
   N/A

9b Date your current nonimmigrant status expires
   N/A

10 If you are a foreign student, trainee, professor/teacher, or researcher, check this box . . .

Caution: See the line 10 instructions for the required additional statement you must attach.

For Paperwork Reduction Act Notice, see separate instructions.
Part II Claim for Tax Treaty Withholding Exemption and/or Personal Exemption Amount

11 Compensation for independent (and certain dependent) personal services:
   a Description of personal services you are providing: Present a lecture.

   b Total compensation you expect to be paid for these services in this calendar or tax year $ 1000.00

12 If compensation is exempt from withholding based on a tax treaty benefit, provide:
   a Tax treaty and treaty article on which you are basing exemption from withholding U.S.-Germany Article 7

   b Total compensation listed on line 11b above that is exempt from tax under this treaty $ 1000.00
   c Country of permanent residence: GERMANY

Note: Do not complete lines 13a through 13c unless you also received compensation for personal services from the same withholding agent.

13 Noncompensatory scholarship or fellowship income:
   a Amount $
   b Tax treaty and treaty article on which you are basing exemption from withholding

   c Total income listed on line 13a above that is exempt from tax under this treaty $

14 Sufficient facts to justify the exemption from withholding claimed on line 12 and/or line 13 (see instructions)

Note: Lines 15 through 18 are to be completed only for certain independent personal services (see instructions).

15 Number of personal exemptions claimed ▶ 1
16 How many days will you perform services in the United States during this tax year? ▶ 1

17 Daily personal exemption amount claimed (see instructions) ▶

18 Total personal exemption amount claimed. Multiply line 16 by line 17 ▶

Part III 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 am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is not a U.S. person.
- The beneficial owner is a resident of the treaty country listed on line 12a and/or 13b above within the meaning of the income tax treaty between the United States and that country.
- The beneficial owner is not a former citizen or long-term resident of the United States subject to section 877 (relating to certain acts of expatriation) or, if subject to section 877, the beneficial owner is nevertheless entitled to treaty benefits with respect to the amounts received.

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

Part IV Withholding Agent Acceptance and Certification

Jose A. Carus, Jr.
Tax Compliance Manager
University of Wisconsin-Madison
21 North Park Street, Suite 623c
Madison, WI 53715-1218

Employer identification number EIN 39-6005432

Telephone number 608-262-0532

3. box, if applicable.

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual is not entitled to the exemption or that the nonresident alien’s eligibility for the exemption cannot be readily determined.

Signature of withholding agent ▶ Date ▶