Sample Payment Using the following Criteria

➢ Services (Honorarium) payment
➢ B-1 (Visitor for Business) Nonresident Alien (NRA)
➢ Non-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...

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

- **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 - 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:
Services performed within the U.S. by a Nonresident Alien (NRA)

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

Continue

Logout

Payment Request | UW Home

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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?

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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 □
Otherwise, enter the recipient's permanent address

Permanent Address 1 ANY STREET
Permanent Address 2
Permanent City ANY CITY
Permanent State ANY STATE
Permanent Postal Code ANY ZIP
Permanent Country USA

Country of citizenship * Argentine
Visa Type B-1

Continue

Logout
Payment Request | UW Home

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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

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**UW PAYMENT TO INDIVIDUAL REPORT**

Check Payable To: NICOLLE
Invoice #: PIR 030513
Tax ID #: 123456789

Transaction/Invoice Date: 03/05/2013
Mail check to: NICOLLE

Purpose of Payment: PRESENTER AT PHYSICS CLASS

Withholding Tax Calculation:

<table>
<thead>
<tr>
<th>Total Amount Subject to Federal Tax</th>
<th>1,000.00 (taxable amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax rate of 30% X taxable amount of 1,000.00</td>
<td>300.00 (amount to be withheld)</td>
</tr>
</tbody>
</table>

Funding for NICOLLE:

<table>
<thead>
<tr>
<th></th>
<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>Less Tax</td>
<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>
<tr>
<td>NET AMT</td>
<td>700.00</td>
<td>7352</td>
<td>904</td>
<td>000000</td>
<td>0</td>
<td></td>
<td>2013</td>
<td>9041042</td>
<td></td>
</tr>
</tbody>
</table>

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

Required Forms: W-8BEN
The following forms must be completed and accompany this form

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>52 Form 8233</td>
<td>IRS Form 8233</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 W-8BEN</td>
<td>IRS W-8 BEN Certification Of Foreign Status Of Beneficial Owner For U.S. Tax Withholding</td>
<td>Form used to provide tax reporting information (non-US residents)</td>
</tr>
</tbody>
</table>


[https://admin.engr.wisc.edu/uw_pay_request/includes/pir_travel_egr.xls](https://admin.engr.wisc.edu/uw_pay_request/includes/pir_travel_egr.xls)
Personal Identification Card

Name: Schmidt

Geb. Gabler

Vornamen/Given names/Prénoms:
Nicole

Geburtstag/Date of birth/Date de naissance:
12.08.1964

Geburtsort/Place of birth/Lieu de naissance:
Berlin

Gültig bis/Date of expiry/Date d'expiration:
31.10.2020

Nationalität/Nationalité:
Deutsch

Unterschrift des Inhabers/Signature of bearer/Signature de la titulaire:
[Signature]

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

Part I Identification of Beneficial Owner (See Instructions.)

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

2 Country of Incorporation or organization

3 Type of beneficial owner:
   ✓ Individual
   □ Corporation
   □ Disregarded entity
   □ Partnership
   □ Simple trust
   □ Grantor trust
   □ Complex trust
   □ Estate
   □ Government
   □ International organization

4 Permanent residence address (street, apt., suite no., or rural route). Do not use a P.O. box or in-care-of address.
   5678 ANY ADDRESS
   City or town, state or province. Include postal code where appropriate.
   ANY CITY

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

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

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 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 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).
   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 8833 if the amount subject to withholding during the 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 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
   • For broker transactions or broker 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 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. 250472 Form W-8BEN (Rev. 12-2006)