Sample Payment Using the following Criteria

➤ Services (Honorarium) payment

➤ B-1 (Visitor for Business) 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:
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

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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

Continue
Enter Recipient's Information

Name (Last, First) *
NICOLLE

Mailing Address 1 *
ANY STREET

Mailing Address 2

Mailing City *
ANY CITYQ

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 *
Argentina

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>
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<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: NICOLE                   U.S. Citizen: No
Invoice #        PIR 030513                     Home Country: Argentina
Tax ID #                  
APPLIED Type of Payment: Services performed within the U.S. by a Nonresident Alien (NRA)
Transaction/Invoice Date: 03/05/2013 Payment Method and Currency: check, US Dollars
Mail check to: NICOLE
              ANY STREET
              ANY CITYQ, ANY STATE ANY ZIP USA
Permanent Home Address (required)
              ANY STREET
              ANY CITYQ, ANY STATE ANY ZIP USA
Purpose of Payment: PRESENTER AT PHYSICS CLASS

Withholding Tax Calculation:
Total Amount Subject to Federal Tax = 1,000.00 (taxable amount)
Tax rate of 30% X taxable amount of 1,000.00 = 300.00 (amount to be withheld)

Funding for NICOLE:

<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>Less Tax</td>
<td>1000.00</td>
<td>2620</td>
<td>101</td>
<td>030500</td>
<td>1</td>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>300.00</td>
<td>7352</td>
<td>904</td>
<td>000000</td>
<td>0</td>
<td>2013</td>
<td>9041042</td>
<td></td>
</tr>
<tr>
<td>NET AMT</td>
<td>700.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

JOSE A. CARUS, JR.                                   PI/Dept Approval    Date
Contact Name                                         
608-262-0582                                         Financial Aids Approval Date
Contact Number                                       Division / Dean Approval Date
Required Forms: W-8BEN                                Accounting Services Date
|   | W-8BEN | IRS W-8 BEN Certification Of Foreign Status Of Beneficial Owner For U.S. Tax Withholding | Form used to provide tax reporting information (non-US residents) | https://admin engr.wisc.edu/uw_pay_request/includes/pir_travel_egr.xls |
Schmidt

GEB. GABLER

Vornamen/Given names/Prénom:

Nicole

Geburtsstag/Date of birth/Date de naissance:

12.08.1964

DEUTSCH

Gültig bis/Date of expiry/Date d’expiration:

31.10.2020

938568

ARGENTINA

FEDERAL REPUBLIC OF GERMANY / REPUBLIQUE FÉDÉRALE D’ALLEMAGNE

PERSONALAUSWEIS

IDENTITY CARD / CARTE D’IDENTITÉ

T22000129

Berliner
Form W-BBEN
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

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 1152, 601(c), 862, 881, or 1444(b) (see instructions).
- A person acting as an intermediary.

If you believe you qualify for an exemption or that the form does not properly reflect your situation, consult the IRS. Instead, use Form W-8.

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

3 Type of beneficial owner:
   [ ] Individual
   [ ] Corporation
   [ ] Disregarded entity
   [ ] Partnership
   [ ] Simple trust
   [ ] Grantor trust
   [ ] Complex trust
   [ ] Estate
   [ ] Government
   [ ] International organization
   [ ] Central bank of issue
   [ ] Tax-exempt organization
   [ ] 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.
   5678 ANY ADDRESS
   City or town, state or province. Include postal codes where appropriate.
   ANY CITY
   Country (do not abbreviate)

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):
   [ ] SSN or ITIN
   [ ] EN

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):
   [ ] The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
   [ ] If required, the U.S. taxpayer identification number is stated on line 6 (see Instructions).
   [ ] The beneficial owner is an individual, derives the income from a foreign corporation or interest in a U.S. trade or business of a foreign corporation, and meets qualified resident status (see Instructions).
   [ ] The beneficial owner is related to the person obligated to pay the income within the meaning of section 266(c)(5) or 707(b), and will file Form 8853 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, $100,000.

10 Special rates and conditions (if applicable—see Instructions): The beneficial owner is claiming the provisions of Article , of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income).

11 Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

12 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 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, and
- The 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 certified 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 authorized to sign for beneficial owner)

Date

Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25041Z

Form W-BBEN Rev. 15-2006
**Application for IRS Individual Taxpayer Identification Number**

**FOR IRS USE ONLY**

This number is for Federal tax purposes 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).

- **a** Nonresident alien required to obtain ITIN to claim tax treaty benefit
- **b** Nonresident alien filing a U.S. tax return and not eligible for an SSN
- **c** U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
- **d** Dependent of U.S. citizen/resident alien
- **e** Spouse of U.S. citizen/resident alien
- **f** Nonresident alien student, professor, or researcher filing a U.S. tax return and not eligible for an SSN. Complete line 6g below
- **g** Dependent/spouse of a nonresident alien visa holder. Enter name and visa type of primary holder (see instructions)
- **h** Other INS classification (specify)

**Name**

<table>
<thead>
<tr>
<th>1a First name</th>
<th>NICOLLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1b First name</td>
<td>L</td>
</tr>
<tr>
<td>Last name</td>
<td>SCHMIDT</td>
</tr>
</tbody>
</table>

**Applicant’s foreign address**

- **2** Street address, apartment number, or rural route number. Do not use a P.O. box number.
- **5678 ANY ADDRESS**
  - City or town, state or province, and country. Include ZIP code or postal code where appropriate.
  - ANY CITY, GERMANY

**Mailing address**

- **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)
  - **8/12/1963**

**Country of birth**

- **6b** Foreign tax identification number (if any)
  - **Germany**

**City and state or province (optional)**

- **N/A**

**Other information**

- **6d** Identification document(s) submitted (see instructions).
- **Passport**
- **Driver’s license/State ID.**
- **INS Documentation**
- **Other**

**Issued by**

- **Germany**

**Exp. date:** **6/30/99**

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

- **B1 10/14/20**

**TIN**

- **9**

**EIN**

- **3**

**Name of college/university or company (see instructions)**

- **University of Wisconsin-Madison**

**City and State**

- **Madison, WI**

**Length of stay**

- **19/3/0/13**

**Sign Here**

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including 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 return 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**

- **( )**

**Keep a copy of this form for your records.**

**Name and title of primary agent of acceptance agent**

- **Jose A. Carus, Jr.**

**Tax Compliance Manager**

- **Cat. No. 10228L**

**For Paperwork Reduction**

- **Form W-7**

- **(Rev. 12-2002)**

- **OMB No. 1545-1483**