Sample Payment Using the following Criteria

➢ Scholarship payment

➢ J-1(Student) 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: 608-262-058;

Transaction Date: 03/05/2013  Format: mm/dd/yyyy

Choose Type of Payment from this 'Common' list:
- Student Aid/Scholarship - academic year or one-time

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

Continue
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

RECIPIENT OF XYZ SCHOLARSHIP FOR PERIOD OF 01/01/2013 TO 12/31/2013

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
Vendor #

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
              SCHMIDT
              ANY STREET
              ANY CITY, ANY STATE ANY ZIP USA

U.S. Citizen: No
Home Country: Germany
Type of Payment: Student Aid/Scholarship - academic year or one-time

Payment Method and Currency: check, US Dollars

Permanent Home Address (required)

Purpose of Payment: RECIPIENT OF XYZ SCHOLARSHIP FOR PERIOD OF 01/01/2013 TO 12/31/2013

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>5711</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

Student Financial Aids (Program 9 Only): ________________________________

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>Copy of DS-2019</td>
<td></td>
</tr>
<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>51</td>
<td>W-8BEN</td>
<td>IRS W-8BEN 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>
</tbody>
</table>
Check to see that the port of entry official stamped I-94 card.

Your I-94 must indicate "F-1" for students entering the U.S. on an F-1 visa; "J-1" for students/scholars entering on a J-1 visa, etc.

This is the date entered the U.S.
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

EXPEDITED, 01-30-2023
ESTIMATED BURDEN TIME: 45 min

L. Family Name: SCHMITT
M. First Name: Nicole
J. Middle Name: 
K. Sex: F
L. Date of Birth: 06-09-1978
M. City of Birth: Milano
N. Country of Birth: Italy
O. Citizenship Country Code: Germany
P. Citizenship Country: Germany
Q. Legal Permanent Residence Country Code: Germany
R. Legal Permanent Residence Country: Germany
S. U.S. Address: Madison, WI 53706-1393

3. Program Sponsor: University of Wisconsin-Madison
4. Exchange Visitor Program/Host:
5. Purpose of this form: Begin new program, accompanied by number (0) of immediate family members.
6. Form Expires on: 09-02-2013
7. Exchange Visitor Category: STUDENT NON-DEGREE
8. Effective Date of this Form: 09-02-2012
9. Transfer of this exchange visitor from program number: 
10. Program: Madison, WI 53706
11. Telephone Number: 608-263-4183
12. Signature of Responsible Officer or Alternate Responsible Officer: 

4. Alternate Responsible Officer:
5. Claims of Note:
6. Preliminary endorsement of consular or immigration officer regarding section 111 of the Immigration and Nationality Act and Pub. L. 94-384, as amended (see item 1 of page 3).
7. Exchange Visitor is in good standing as of the present time.
8. Signature of Consular or Immigration Officer:

THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 111.62.

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.

Signature of Applicant: Nicole Schmitt

Place: Germany

Date: 09-02-2013
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

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, 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.

Note: See instructions for additional exceptions.

### 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>NICOLLE SCHMIDT</td>
<td>GERMANY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3 Type of beneficial owner:</th>
<th>Individual</th>
<th>Corporation</th>
<th>Disregarded entity</th>
<th>Partnership</th>
<th>Simple trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grantor trust</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central bank of issue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax-exempt organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private foundation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5878 ANY ADDRESS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>5 Mailing address (if different from above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 ANY ADDRESS</td>
</tr>
</tbody>
</table>

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

<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>123-45-6789</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 Reference number(s) (see instructions)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

I certify that (check all that apply):

- The beneficial owner is a resident of GERMANY 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 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).
- 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).
- 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.

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).

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

### Part III Notional Principal Contracts

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, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, authorizes 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.

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. 12-2000)