Sample Payment Using the following Criteria

➢ Scholarship payment

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

➢ 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: 608-262-0566

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 Recipient's Information

<table>
<thead>
<tr>
<th>Name (Last, First) *</th>
<th>NICOLLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address 1 *</td>
<td>SCHMIDT</td>
</tr>
<tr>
<td>Mailing Address 2</td>
<td>ANY STREET</td>
</tr>
<tr>
<td>Mailing City *</td>
<td>ANY CITY</td>
</tr>
<tr>
<td>Mailing State</td>
<td>ANY STATE</td>
</tr>
<tr>
<td>Mailing Postal Code</td>
<td>ANY ZIP</td>
</tr>
<tr>
<td>Mailing Country *</td>
<td>USA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Permanent Address 1</th>
<th>SCHMIDT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address 2</td>
<td>ANY STREET</td>
</tr>
<tr>
<td>Permanent City</td>
<td>ANY CITY</td>
</tr>
<tr>
<td>Permanent State</td>
<td>ANY STATE</td>
</tr>
<tr>
<td>Permanent Postal Code</td>
<td>ANY ZIP</td>
</tr>
<tr>
<td>Permanent Country</td>
<td>USA</td>
</tr>
</tbody>
</table>

Country of citizenship * Germany

| 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></th>
<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>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>101</td>
<td>030500</td>
<td>1</td>
<td>$1000.00</td>
<td>2013</td>
<td></td>
</tr>
</tbody>
</table>

View Output
Check Payable To: NICOLLE
Invoice #: PIR 030513
Tax ID #: APPLIED
Transaction/Invoice Date: 03/05/2013
Mail check to: NICOLLE
              SCHMIDT
              ANY STREET
              ANY CITY, ANY STATE ANY ZIP USA
Purpose of Payment: RECIPIENT OF XYZ SCHOLARSHIP FOR PERIOD OF 01/01/2013 TO 12/31/2013

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

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 8-BEN Certification Of Foreign Status Of Beneficial Owner For U.S. Tax Withholding</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.

Departure Number
304213580 20

Department of Homeland Security U.S. Customs and Border Protection
AUG 26 2012

I-94 Departure Record

Class Until

Schmidt

First (Given) Name
Nicole

Country of Citizenship
Germany

Birth Date (Day/Mo/Yr)
12/08/1964
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

1. Full Name: Schröder, Nicole
   City of Birth: Berlin
   Country of Birth: Germany
   Citizenship Country Code: Germany
   Permanent Residence Country Code: Germany
   Permanent Residence Address: University Graduate, Students

2. Program Sponsor:
   University of Wisconsin-Madison
   Exchange Visitor Program Number:
   Program Office Description:

3. Purpose of this form:
   Begin new program; accompanied by number (0) of immediate family members.

4. Exchange Visitor Category:
   STUDENT NON-DEGREE
   Student Field Code:
   Subject Field Code Description:

5. During the period covered by this form, the total estimated financial support (in U.S.):

   Total Estimated Financial Support:

6. U.S. DEPARTMENT OF STATE CERTIFIES THAT CERTIFICATE IS AUTHENTIC:

   SUBMITTED TO THE U.S. DEPARTMENT OF STATE
   SIGNATURE

7. Alternate Responsible Officer:
   Name of Official Preparing Form:
   217 Rad Camp, 716 Langdon Street
   Madison, WI 53706
   608-265-

   Address of Responsible Officer
   Date (mm/dd/yyyy):

8. Statement of Responsible Officer for Releasing Sponsor (FOR EXEMPTION OF PROGRAM)
   Effective date:
   No
   Not subject to the two-year residence requirement.

   Subject to two-year residence requirement based on:
   A. Government financing
   B. The Exchange Visitor Skills List
   C. PL 94-484

   The Exchange Visitor is subject to the above program:

   ☑ Not subject to the two-year residence requirement.
   ☐ Subject to two-year residence requirement.

   Signature of Consular or Immigration Officer:
   Date (mm/dd/yyyy):

9. TRAVEL VALIDATION BY RESPONSIBLE OFFICER
   Effective date for travel:
   Date (mm/dd/yyyy):

   Signature of Responsible Officer
   Date (mm/dd/yyyy):

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

   Signature of Applicant:
   Date (mm/dd/yyyy):

Page 1 of 2
10-28-08
**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.

**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>

**Type of beneficial owner:**
- [ ] Individual
- [ ] Corporation
- [ ] Disregarded entity
- [ ] Partnership
- [ ] Simple trust
- [ ] Grantor trust
- [ ] Complex trust
- [ ] Estate
- [ ] Government
- [ ] Foreign private foundation
- [ ] International organization
- [ ] 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 code where appropriate.

<table>
<thead>
<tr>
<th>ANY CITY</th>
<th>Country (do not abbreviate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GERMANY</td>
</tr>
</tbody>
</table>

**5. Mailing address (if different from above)**

**1234 ANY ADDRESS**

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

<table>
<thead>
<tr>
<th>ANY CITY, ANY STATE 12345</th>
<th>Country (do not abbreviate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>U.S.A.</td>
</tr>
</tbody>
</table>

**6. U.S. taxpayer identification number, if required (see instructions)**

<table>
<thead>
<tr>
<th>APPLIED</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)**

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 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 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 beneficiary owner meets the terms of the treaty article:

**Part III Notional Principal Contracts**

11. [ ] I have provided or will provide a statement that identifies these 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 distinguish 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. 12-2000)
Application for IRS Individual
Taxpayer Identification Number

► See instructions. ► Type or print.
► For use by individuals who are not U.S. citizens, nationals, or permanent residents.

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).

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 cays 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

[Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)]
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 (see instructions)

1st First name NICOLLE
Middle name L
Last name SCHMIDT

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.

5678 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 1.

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) 08/24/64

Country of birth GERMANY

City and state or province (optional) N/A

5 ☐ Male ☐ Female

Other information

6a County(ies) of citizenship GERMANY

6b Foreign tax identification number

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 No:

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

☐ 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 ☐ 123-45-6789 ☐ EIN ☐ 678-987-6543

Enter the name under which the TIN was issued.

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 0000

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 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)

Date (month, day, year)

Phone number

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

Acceptance Agent’s Use ONLY

Signature

Date (month, day, year)

Phone 

Fax

Acceptance Agent’s Name and title (type or print)

Name of company

Cat. No. 10229l

Form W-7 (Rev. 12-2002)