Sample Payment Using the following Criteria

➢ Scholarship payment

➢ J-1(Student) 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...

- **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:
Student Aid/Scholarship - academic year or one-time (5711)

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:
• Provide name of scholarship or award

SCHOLARSHIP

Continue
**Enter Recipient's Information**

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>NICOLLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSN or TIN</td>
<td>123456789</td>
</tr>
<tr>
<td>Mailing Address 1</td>
<td>ANY STREET</td>
</tr>
<tr>
<td>Mailing Address 2</td>
<td></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>ANY STREET</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>

<table>
<thead>
<tr>
<th>Country of citizenship</th>
<th>Argentina</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Visa Type</th>
<th>J-1 Student</th>
</tr>
</thead>
</table>

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

---

https://coetools.engr.wisc.edu/uw_pay_request/enter_funding.php

3/6/2013
Vendor # ____________________________ UW PAYMENT TO INDIVIDUAL REPORT Voucher # ____________________________

Check Payable To: NICOlle  U.S. Citizen: No  Home Country: Argentina
Invoice # PIR 030513  Visa Status: J-1 Student
Tax ID # 123456789  Type of Payment: Student Aid/Scholarship - academic year or one-time
Transaction/Invoice Date: 03/05/2013 Payment Method and Currency: check, US Dollars

Mail check to: NICOlle  Permanent Home Address (required)
ANY STREET
ANY CITY, ANY STATE ANY ZIP USA

Purpose of Payment: SCHOLARSHIP

Withholding Tax Calculation:

Total Amount Subject to Federal Tax = 1,000.00 (taxable amount)
Tax rate of 14% X taxable amount of 1,000.00 = 140.00 (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>
<tr>
<td>140.00</td>
<td>7352</td>
<td>904</td>
<td>000000</td>
<td>0</td>
<td></td>
<td>2013</td>
<td></td>
<td>9041042</td>
</tr>
<tr>
<td>NET AMT</td>
<td>860.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

JOSE A. CARUS, JR.
Contact Name ____________________________ PI/Dept Approval ____________________________ Date____________________
Financial Aids Approval ____________________________ Date____________________

608-262-0582
Contact Number ____________________________ Division / Dean Approval ____________________________ Date____________________
Accounting Services ____________________________ Date____________________
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

<table>
<thead>
<tr>
<th>#</th>
<th>Form Name</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>Copy of DS-2019</td>
<td></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>
<td></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>
<td><a href="https://admin.engr.wisc.edu/uw_pavy_request/includes/pir_travel_emr.xls">https://admin.engr.wisc.edu/uw_pavy_request/includes/pir_travel_emr.xls</a></td>
</tr>
</tbody>
</table>
Name/Surname/Nom: Schmidt
Vorname/Given names/Prénom: Nicole
Geburtstag/Date of birth/Date de naissance: 12.08.1964
Staatsangehörigkeit/Nationality/Nationalité: DEUTSCH
Geburtsort/Place of birth/Lieu de naissance: BERLIN
Gültig bis/Date of expiry/Date d'expiration: 31.10.2020
Unterschrift der Inhaberin/des Inhabers/Signature of bearer/Signature de la titulaire/du titulaire: [Signature]
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

EXPRESS: 01-28-2013
ESTIMATED RETURN DATE: 12-28-2013

SCHMIDT

Nicole

Argentina

Country of Birth:

Argentina

Citizenship Country:

Citizen of:

Argentina

Residence Country:

Madison, WI 53706-3393

Program Sponsor:
University of Wisconsin-Madison

PARTICIPANT CATEGORY:
Professor; Research Scholar; Short-Term Scholar; Specialist; Student Associate; Student Bachelor's; Student Doctorate; Student Master's; Student Non-Degree

Purpose of This Form: Begin new program or accompanied by number (0) of immediate family members.

1. Form Cover Period:
   From: 05-20-2012
   To: 12-20-2013

2. Exchange Visitor Category:
   STUDENT NON-DEGREE

3. Alternate Responsible Officer
   Title:
   Address:
   Telephone Number:
   Signature of Responsible Officer:

4. Statement of Responsible Officer for Releasing Sponsor/Transfer of Program

   Effective Date:
   Transfer of this exchange visitor from program number
   sponsored by
   to the program specified in box 2 is necessary or highly desirable to be in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

   Signature of Responsible Officer or Alternate Responsible Officer
   Date:

5. Preliminary Enrollments of Consular or Immigration Officer Regarding Section 1101(a) of the
   Immigration and Nationality Act and PL 94-485, as Amended (see box 16(a) of cease 182)

   The Exchange Visitor is to the above program:
   [ ] Not subject to the two-year residence requirement.
   [ ] Subject to two-year residence requirement based on
     A. Government funding and/or
     B. The Exchange Visitor's skills and/or
     C. T44-484 as amended.

   Signature of Consular or Immigration Officer
   Date:

6. Exchange Visitor Certification:
   I have read and agree with the statements on item 2 on page 2 of this document.

   Signature of Applicant
   Place
   Date:

DS-201 (formerly AP-44)
10-2001

Page 1 of 2
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Do not use this form for: Instead, use Form W-9
- 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 903(2), 501(c), 892, 896, or 1441(b)(5) (see instructions)
- A person acting as an intermediary
- A person claiming treaty benefits are or are providing the form only to claim they are a foreign person exempt from backup withholding

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.

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.
   5578 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
   [ ] EIN

7 Foreign tax identiﬁcation 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 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.

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 and.
- 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 disburse or make payments of the income of which I am the beneﬁcial owner.

Signature Here

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25047Z

Form W-8BEN (Rev. 12-2000)