



If you are filling out this form you do not have to fill out an IRS Form W-9

RESEARCH PAYMENT AUTHORIZATION FORM

(i.e. Research Subject Stipend or Visitor Honorarium)

Completed By: _____

Date: _____

Part 1: (Complete for All Payments)

Payment to U.S. recipients will receive a 1099-Misc tax form for annual amounts of 600.00 or more.
Honorarium Amount (USD) Acct. # 7000025
Obtain notarized copy of passport if no US SSN or ITIN
Stipend Amount (USD) Acct. # 7000065

Expense reimbursement is not a 1099-Misc tax payment
Parking Expense(USD) Acct. # 7000085
Attach back up
Mileage Amount (USD) Acct. # 7000085
(at a rate of \$0.56/mile) - Attach back up

Paid Petty Cash [] Total Payment (USD) _____

DeptID PI: _____

DeptID: _____ % _____ DeptID: _____ % _____

DeptID: _____ % _____ DeptID: _____ % _____

Part 2: (Complete for Research Subject Stipend Only)

Brief Title: _____ Protocol #: _____

Sponsor: _____ Research Subject # _____

PI Designee Authorization: _____ Date: _____
Signature

Part 3: (Complete for all Payments)

(For Honorarium, please provide backup, e.g. announcement e-mail with purpose.)

Legal Name of Payee: _____

Address 1: _____ [] New Address?

Address 2: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Taxpayer Identification Number (Required to avoid Mandatory IRS Backup Withholding)

Under Penalties, I certify that:
1) The number shown on this form is my correct taxpayer identification number.
2) I am not subject to backup withholding due to failure to report interest and dividend income, and,
3) I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the above certifications required to avoid backup withholding.

U.S. SIGNATURE: _____ / _____
(subject or speaker) (Signature) (Date)

NON Residents of the US should contact the BIDMC Tax Department to review their tax status after communication with their Research Administrator

Authorizing Signatures:

Manager/Director _____ / _____ / _____
Print Name Signature Date

SVP/CFO, CEO or EVP/COO: _____ / _____ / _____
(Amounts greater than \$2,000) Print Name Signature Date