



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