

# Payment to Individual Report

UWSA

Business Unit:

Amount	Account	Fund	Org.	Prog.	Sub-class	Budget Year	Project	SS#, Taxpayer ID#, ITIN	Name(Last)	(First)	(Initial)
		133	066439	5							
		<b>Total</b>	<b>Requisition Number:</b>								
<b>Business Office Use Only</b>											
Withheld (cr.)									<b>Entertainer or Public Speaker Section</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      Is individual an entertainer or public speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No      Is the entertainer or public speaker a Wisconsin Resident? Attach form WT-11 if provided by entertainer or public speaker		
Ent. Tax		<b>Wisconsin Department of Revenue</b>									
Net Amount											
<b>Federal Tax Calculation (Business Office Use Only)</b>											
Mail to: Building/Street City/State/Zip		Country Code: _____ <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt      Withholding Rate: _____									
Permanent Home Address (Required if different)		<b>Reason For Exemption:</b> <input type="checkbox"/> U.S. Resident with SS# <input type="checkbox"/> Non-U.S. Source <input type="checkbox"/> Form 1001 <input type="checkbox"/> Form 4224 <input type="checkbox"/> Form 8233 <input type="checkbox"/> Other (Explain in area below)									
<b>Scholarship/Fellowship Section</b>											
Currently enrolled UW student		<input type="checkbox"/> Yes <input type="checkbox"/> No		Semester 1 Amount _____		Semester 2 Amount _____					
Residency:		<input type="checkbox"/> U.S. Resident <input type="checkbox"/> Legal Resident of:		Summer Amount _____		Award Date _____					
Date(s) of Service		Visa status if not US resident: _____ Purpose of Payment (For Account 2162, itemize expenses and provide receipts.)									
August 3-14, 2015		Teacher workshop for MSP grant, A^3: Assess, Analyze and Address									
		Dept. Chairperson / Project Director _____ Date _____									
		Dean / Director _____ Date _____									
		Student Financial Aids (Activity 9 Only) _____ Date _____									
		Authorized Institutional Approval _____ Date _____									
For more information, call:		Ext. _____									