**CONFIDENTIAL**

**Oklahoma State University**

 **Research Participant Payment Form**

**For Participant Compensation Greater than $100**

Individuals qualifying to participate in research projects may do so without receiving compensation if the person chooses to do so, or should the participant choose not to provide name, address, and tax payer identification number as required for Internal Revenue or State of Oklahoma reporting.

Oklahoma State University (OSU) is required to maintain the confidentiality of information about research study participants while still complying with record keeping requirements of the State of Oklahoma, the Internal Revenue Service (IRS), and funding agencies. The purposes of this form are to serve as documentation of the receipt of compensation associated with participation in a research study conducted by OSU personnel and to obtain information relating to IRS Form 1099 requirements. Federal and state law protects the privacy and security of your Social Security number (SSN) and Oklahoma State University will not disclose your SSN without your consent for any other purposes except as allowed by law. IRS Form 1099 will NOT be submitted to the IRS unless all payments received from OSU in a calendar year are $600 or more.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received/or am requesting compensation in the

 (Print Research Participant Name)

Amount indicated below:

􀂅Cash $\_\_\_\_\_\_\_\_\_\_\_\_

􀂅Check $\_\_\_\_\_\_\_\_\_\_\_\_ 

􀂅Other Property – Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value: $\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ **OR** \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

  **Social Security Number Individual Taxpayer Identification Number**

**Record your complete address. Sign and date the document below.**

Your signature certifies that you are not subject to backup withholding due to failure to report interest and dividend income.

 **If you are not a U.S. Citizen, you must complete and attach IRS Form 8233.**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Research Participant Signature Date

**TO OSU PERSONNEL**:

 For a check to be issued, this form must be submitted to OSU— University Accounting 304 Whitehurst. This information, as with all other personal information, is confidential.