



Participant Stipend Form

Operating Location:		Effective Date:
Stipend Amount:		End Date:
Lump sum:	Scheduled Payment:	

Supplier File Information

Name (up to 80 characters)		Taxpayer ID (Social Security Number)
Visa Type:	Expiration Date:	I-9 Status

Site Information

1099 Site	MISC 3
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Address:

Address 1			
Address 2			
City	State	Postal Code	
Country	Province		

If U.S. Citizen or Resident Alien, complete the following information for supplier file coding. Taxes will not be withheld. This is taxable income and will be reported as such on 1099 Misc as Other Income.

- *Supplier Type*: Must be *Participant Stipend*
- *Income Tax Type*: Must be *Misc 3 Other Income*
- *Name Control*: _____ (first four characters of the last name of the 1099 supplier and must be entered into Oracle in upper case only)
- *Organization Type*: Must be *Individual*

If Non-Resident Alien, complete the following information for file coding. Payments are taxable at 30% unless an exemption applies. If exemption applies check the appropriate entry and attach the completed *Nonresident Alien Participant Tax Exemption Certificate*:

- *Foreign Source*: _____ *Sponsor Controlled*: _____
- *Supplier Type*: Must be NRA reflecting the appropriate exemption
- *Withholding Group*: 30% _____ *Exemption No Withholding Group*: _____
- *Organization Type*: Must be *Foreign Individual*

Description of Stipend:

Charging Instructions

Stony Brook Foundation Account	Expenditure Type	Organization
	Participant Stipend	
	Participant Stipend	

APPROVALS:

This payment is permissible under the terms stated by the above sponsor and funds are available for payment.

Project Director/Co-Project Director:	Date
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Additional Campus Signature as required:	Date
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Stony Brook Foundation:	Date
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Declaration

I acknowledge that no services are required of me in consideration of the stipend provided by this sponsor	
Stipend Recipient:	
Signature	Date