UNIVERSITY OF MICHIGAN

Payment to Non-employee for Taxable Services



This form should be used to request payment for services performed by individuals who are not currently members of U of M faculty or staff but for whom the payment should be considered taxable compensation.

Last Name Wong First Sarah Middle _____

UMID # (if known) _____ U.S. Social Security # (if UMID # not known) _____

Number and Street Bilderdijkstraat 9, first floor

City 1052 NA Amsterdam State _____ Zip _____ Country The Netherlands

Is this individual a U.S. citizen, permanent resident, or resident alien? ○ Yes ◉ No
If no, attach an Alien Certificate plus Form 8233 (if appropriate).

Were services performed outside of the U.S.? ○ Yes ◉ No If no, were services performed in Michigan? ◉ Yes ○ No

Department Requesting Payment Spectrum Center

Amount: $ 1,000.00 Shortcode to be charged: 155872

Date(s) of Service: From: 3/28/12 To: 3/29/12

Description of Services:

National Transgender Week photography display

Special Instructions:

hold check for pick up by Ariana Bostian-Kentes ; Gross up so net pay is $1000.00

Prepared by: Ariana Bostian-Kentes Uniqname abostian Phone 763-4186 Date 3/19/12

I certify that the terms, restrictions and qualifications set forth in this form's administration policy are met and that the payments are in compliance with all conditions imposed by the funding source.

Jackie Simpson _____
Chair/Department Head (name typed) Signature

Laura Blake Jones _____
Dean/Director or Designated Rep (name typed) Signature

ROUTING INSTRUCTIONS:

- Send this completed, signed form to HRRIS, G250 Wolverine Tower, 1281.
- If this individual is a non-resident alien and services were performed in the U.S., also attach an Alien Certificate and Form 8233 (if appropriate).

FOR DATA ENTRY USE ONLY

HRRIS: Initials: _____ Date: _____ EMP or POI Empl Rcd # _____ Regional Campus: Initials: _____ Date: _____

Payroll: Earnings Code: NET or NRO or NRA Date entered: _____ Initials: _____

Paydate: _____ Federal _____ Michigan _____ FICA _____

THE UNIVERSITY OF MICHIGAN - PAYROLL OFFICE
ALIEN CERTIFICATE

AC

If you are not a citizen of the United States, you must complete this Alien Certificate. Return the completed Alien Certificate to: Payroll Office, G395 Wolverine Tower, 3003 S. State St, Ann Arbor, MI 48109-1279 or via fax (734)647-3983.

PLEASE PRINT

SECTION I – To be completed by all non-residents (even those who do not enter the U.S.)

Name: Wong (Last) Sarah (First) (Middle) 132-45-3022 (Social Security Number)

I certify that I am a resident of the country of The Netherlands

UMID

SECTION II – Complete this section only if you have entered the United States.

Include your original date of entry, date of Visa change if any, and any time you were gone from the U.S. for 365 days or more.

I entered the United States on (Month Day Year)	on a(n) (Visa Type)	I left the U.S. on (Month Day Year)	I was a (check one)
			☐ Student ☐ Non-Student
			☐ Student ☐ Non-Student
			☐ Student ☐ Non-Student

If Resident Alien, check reason:

☐ 1. Lawful Permanent Resident Test (Green Card Test)

☐ 2. Substantial Presence Test

I certify that my type of VISA is: ☐ F1 ☐ J1 ☐ J2 Other (specify) _____

If you are eligible to claim a tax treaty exemption as a teacher/researcher, you must file a Form 8233 with the proper attachment for your country of residence. If you are eligible to claim a tax treaty exemption as a student, you must file a Form 8233 with the proper attachment for your country of permanent residence. If you are eligible to claim a tax treaty exemption as fellowship/ scholarship, you must file a Form W8-BEN. All forms are available on the Payroll website at http://payroll.umich.edu/formreq.html.

SECTION III - I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE, CORRECT AND COMPLETE.

Date: 20th March 2012 Your signature: S Wong