

THIS SECTION TO BE COMPLETED BY AN AUTHORIZED UNIVERSITY EMPLOYEE	
<input type="checkbox"/> Guest Lecturer <input type="checkbox"/> Panelist, Workshop or Conference Participant <input type="checkbox"/> Other (define services provided below)	<input type="checkbox"/> Prize/Award (define Course/Event below) <input type="checkbox"/> Performer (define Course/Event below)
Name of Payee: _____	Fee due per Session: \$ _____
Course, Event or Other: _____	Date of Service: _____
Course Number(s): _____	Is course offered for credit? <input type="checkbox"/> Yes <input type="checkbox"/> No

THIS SECTION TO BE COMPLETED AND CERTIFIED BY PAYEE	
Information you provide below will be presented to an IRS agent, if requested, during an IRS audit.	
Legal Name of Payee: _____	Is payee/entity incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	
City: _____	State: _____ Zip Code: _____
Telephone #: _____	Email: _____
Enter <u>one</u> of the following: (Print the taxpayer identification number that the IRS assigned to the legal name indicated above.)	
Social Security Number or TIN:    ___ ___ - ___ - ___	
- or -	
Federal Taxpayer Identification Number:    ___ ___ - ___ - ___	
Check <u>one</u> of the following:	
<input type="checkbox"/> I am a resident of the United States for tax purposes.	
<input type="checkbox"/> I am a non-resident for tax purposes. (Please attach a completed Substitute W-8 Form)	
Check <u>all</u> that apply:	
<input type="checkbox"/> I am currently/was previously a Mercy College employee.	Employment Dates: _____
<input type="checkbox"/> I am currently/was a full-time student at Mercy College.	Graduation Date: _____
I certify that I have provided accurate information as requested above. I am an independent contractor of Mercy College and, therefore, receive no employee benefits, including, but not limited to, medical insurance, New York disability, and Worker's Compensation insurance, etc. Further, I am personally responsible for payment of all taxes, including social security, state and local taxes, attributable to me receipt of an award from or compensation for work performed at, or on behalf of, Mercy College.	
Signature of Payee: _____	Date: _____

THIS SECTION TO BE COMPLETED ONLY AFTER SERVICES HAVE BEEN RENDERED							
Accounting Distribution: (Index or Fund-Organization-Account-Program required. Activity-Location are optional.)							
Index	Fund	Organization	Account	Program	Activity	Location	Distribution Amount
							\$
							\$
							\$
Total Amount Due:							\$

Requestor Signature: _____	Extension: _____ Date: _____
Dept. Head Signature: _____	Extension: _____ Date: _____
Dean/Budget Signature: _____	Extension: _____ Date: _____