

# SUNY AT OLD WESTBURY Lecturers and Speakers Payment Request Form

The State University of New York

| Project   | Task         | Award I        |                 | Expenditure Type Organization        |                                | n  |                                  |             |  |  |
|---|--------------|----------------|-----------------|--------------------------------------|--------------------------------|--|----------------------------------|-------------|--|--|
|   |              |                |                 | GNS Lecturer                         |                                | 200  |                                  |             |  |  |
| Individual's Name   |              |                | Taxpayer ID     | O (SSN/TIN)                          |                                |  | Telephon                         | e No.       |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
| Address   |              |                | City            | City                                 |                                |  | Email<br>State Zip               |             |  |  |
|   |              |                |                 |                                      |                                | ~  |                                  | r           |  |  |
| Dragant Employer  |              |                |                 | Position                             |                                |  | Chaolz all                       | that apply  |  |  |
| Present Employer  |              |                | i ostuon        |                                      |                                | Check all that apply:<br>OW Student []current []former |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  | SUNY Employee []current []former |             |  |  |
| Citizonshin Status  |              |                |                 | If not a U.S. Citiz                  | zon Vice Tun                   |  | RF Emple                         |             | [ ]current [ ]former<br>of Citizenship |  |
|   |              |                |                 |                                      |                                | ther (Specify):  |                                  | Country     | or Chizenship                          |  |
|   |              | 70.7           |                 |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 | a U.S. Citizen ar<br>a completed Ali |                                |  | J.S.,                            |             |  |  |
|   |              |                | -               | a completea m                        |                                |  |                                  |             |  |  |
| Description of Service (A   | Attach add   | itional if app | propriate)      |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
| Date(s) of Service  |              |                |                 |                                      | Amount (not to exceed \$2,500) |  |                                  |             |  |  |
|   |              |                |                 |                                      | \$                             |  |                                  |             |  |  |
|   |              |                | F               | PAYEE CERTIF                         |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
| I certify that the above in that the Taxpayer Identif               |              |                |                 |                                      |                                |  |                                  |             |  |  |
| that the Taxpayer Identif   | ieution i vi | iniber showr   | i ut the top of |                                      | t and that no                  | order for buck   | up withinoi                      | ang nom     | ule ind exists.                        |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
| Payee Signature   |              |                |                 |                                      |                                |  |                                  | Date        |  |  |
|   |              |                |                 |                                      |                                |  |                                  | Dute        |  |  |
|   |              |                | <b>DDOIE</b> C  |                                      |                                | TION   |                                  |             |  |  |
|   |              |                | PROJEC          | T DIRECTOR (                         | CERTIFICA                      | TION   |                                  |             |  |  |
| I certify that the charges  | to be incu   | rred are appi  | ropriate and au | uthorized against                    | the account sh                 | nown, that fund  | ds are avail                     | able for th | is purpose, and the                    |  |
| charges are consistent with Research Foundation and sponsor policy. |              |                |                 |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
| Project Director Signatur   | re           |                |                 | Date                                 |                                | Project Direct   | or Name (F                       | Please Prin | t)                                     |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
| Supplier Number   |              | Site           |                 | Invoice                              | e Date                         | In   | voice Num                        | ber         |  |  |
|   |              |                |                 |                                      |                                |  |                                  |             |  |  |
| Research Foundation Ap  | proval       |                |                 | Research Fou                         | Indation Appr                  | oval   |                                  |             | Input                                  |  |
| Research i oundation Ap   | provar       |                |                 | Research Pou                         | пошоп Аррі                     | ovai   |                                  |             | Input                                  |  |
|   |              |                |                 |                                      |                                |  |                                  |             | Ву                                     |  |
| Sponsored Funds Person  | Sponsored Fi | inds Financial | l Management    |                                      | Date                           | Date   |                                  |             |  |  |
| Sponsored Funds relison   | nei          |                | Date            | Sponsored Ft                         | mus i maneta                   | rivianagement  |                                  | Date        |  |  |

Submit form to Research Foundation Grants Management Office H-313 Campus Center APRF@oldwestbury.edu Rev. Mar 2023 Note: Requests to engage or pay individuals for services other than brief lectures/speaking engagements should be submitted using Independent Contractor Forms

| ge 2.  | 2 Business name/disregarded entity name, if different from above   |   |                        |  |  |
|--|--|---|------------------------|--|--|
| Print or type<br>Specific Instructions on page | Check appropriate box for federal tax classification; check only one of the following seven boxes:     Individual/sole proprietor or     C Corporation S Corporation Partnership     single-member LLC   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) |                        |  |  |
|  | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in t the tax classification of the single-member owner.  Other (see instructions) ►                          | Exemption from FATCA reporting<br>code (if any)<br>(Applies to accounts maintained outside the U.S.)                            |                        |  |  |
| F<br>pecific                                   |  | Requester's name a  | and address (optional) |  |  |
| See S  | 6 City, state, and ZIP code  |   |                        |  |  |
|  | 7 List account number(s) here (optional)   |   |                        |  |  |
| Par  | t I Taxpayer Identification Number (TIN)   |   |                        |  |  |
|  | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoi  |   | curity number          |  |  |
| reside   | p withholding. For individuals, this is generally your social security number (SSN). However, for<br>ant alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other<br>s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> |   |                        |  |  |
| TIN on page 3.                                 |  |   |                        |  |  |
|  | If the account is in more than one name, see the instructions for line 1 and the chart on page 4   | for Employer  | identification number  |  |  |
| guidel   | ines on whose number to enter.   |   | -                      |  |  |

#### Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

| Sign | Signature of  |  |  |  |
|------|---------------|--|--|--|
| Here | U.S. person ► |  |  |  |

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw*9.

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

#### Date 🕨

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.