SUNY RF
The Research
Foundation for
The State University of New York

Participant Support Form

Operating Location:	Effective Date:

Supplier File Information:

Supplier Name (Up to 80 Characters)	Taxpayer ID (Social Security Number)

Site Information:

1099 Site	Pay Site	Purchasing Site

Supplier Address: (each line has 35 characters available)

Address 1	
Address 2	
Address 3	
Address 4	

City	State	Postal Code

Country	Province

If US Citizen, or Resident Alien, complete the following information for the supplier file coding. Payments are not taxable and are reported on 1099 Misc as Other Income, therefore a 1099 supplier site that must exist.
  ➢ *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 cash only)
  ➢ *Organization Type*: Must be Individual

If Nonresident Alien, complete the following information for the supplier file coding. Payments are taxable at 30% unless a foreign source funding exemption applies. If exemption applies, check the foreign source box and attach completed form **Nonresident Alien Participant Support Tax Exemption Certificate**. If there is no exemption, code for tax withholding at the header and site levels with Withholding Group 30%.
  ➢ ___ *Foreign Source (Invoice Distribution DFF 1042-S Tax Rule PSFS)*
  ➢ *Supplier Type*: Must be Non Citizen-Individual
  ➢ *If taxable, Withholding Group*: 30%_____, *(Invoice distribution DFF 1042-S Tax Rule PSTax)*
  ➢ *Organization Type*: Must be Foreign Individual

Charges are to be processed against the following: $

Project	Task	Award	Expenditure Type	Organization

Approvals:

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

Project Director/Co-Project Director: _____

Operations Manager: _____

Additional Campus Signature as required: _____

Revised May 22, 2023