



## SLLC Honorarium Payment Form

(Use this form as supporting document to pay a presenter)

Name of Presenter: \_\_\_\_\_ SSN/ITIN: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Citizenship Status: ☐ US Citizen ☐ Permanent Resident ☐ Non-Resident Alien

Visa Type: \_\_\_\_\_

Country of Residence: \_\_\_\_\_

**US Citizen and Permanent Resident statuses** are processed through the Accounts Payable Office. It takes about 4 to 6 weeks for a check to be issued. **W-9 Tax form** is required if Presenter is not in the electronic financial system.

**Non-Resident Alien statuses** are processed through payroll which requires completion of tax documents online through **Glacier Nonresident Alien Tax Compliance System** and submission of required documents to SLLC Payroll. **H-IB visa** holders may not receive honorariums from UMD. Holders of **B-1, B-2, WB, and WT visas** may be paid for usual academic activities if specific conditions are met (ACWIA 1998). Individuals without either a Social Security Number (SSN) or Taxpayer Identification Number (ITIN) must complete and submit a W-7 form to the IRS in addition to the required UMD forms. Barring any applicable tax treaty, the IRS requires that U.S. Federal Tax be withheld (current rate: 30%) from any paid funds. Please permit 30 days UMD processing time. Contact SLLC Payroll Coordinator (JMZ 3215H) for additional information.

Agreed Payment Amount: \_\_\_\_\_

Services Rendered: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

***By signing below, I certify that I have performed the agreed upon services. Further, I declare under the penalties of perjury that this statement is true and correct to the best of my knowledge.***

Presenter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Department Head Approval:

KFS Account: \_\_\_\_\_ Account/Project Name: \_\_\_\_\_

USM/UMCP Foundation Acct: \_\_\_\_\_ Foundation Acct Name: \_\_\_\_\_

Authorized Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by SLLC Business Services:**

Date of Request: \_\_\_\_\_

Req#: \_\_\_\_\_ Sub Code: \_\_\_\_\_ KFS Doc#: \_\_\_\_\_ Date Entered: \_\_\_\_\_