



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. [Self-registration](#) with a W9 Form is required if presenters are 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* ([online-tax.net](#)) and **submission of required documents to SLLC Payroll at least one month prior to the services**. **H-1B 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. **Honorarium payments will only be issued as a paper check in US dollars.**

Agreed Payment Amount: _____

Services Rendered: _____

Type of Services: ☐ In Person ☐ Virtual

Name of Event: _____

Date(s) of Event: _____

By signing below, I certify that I agree to perform the services indicated above. 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:

Worktag: _____ 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: _____ Workday Doc#: _____ Date Entered: _____