



NRA Independent Contractor/Honorarium Payment Request Form

Payee Information	
Name: _____	Home Address: _____
Social Security Number: _____ OR	_____
Tax Identification Number: _____	Country of Citizenship: _____

Visa Type: _____ Visa Expiration Date: _____ _____	Country of Residence For Tax Purposes: _____ (If different from country of citizenship)
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Department Information	
Department Name: _____	Type of Services: _____
Check Distribution Code: _____	Independent Contractor Fees: _____
KFS Account Number: _____	Artist/Athlete: _____
Contact Name: _____	Amount of Payment: \$ _____
Contact Phone Number: _____	

Authorized Signer: _____ (Printed Name) Date: _____	Authorized Signature: _____
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For Payroll Services Use Only	
Compensation For Independent Personal Services (16): _____ Artist or Athlete Earnings (20): _____	Citizenship Country Code: _____ Tax Residence Country Code: _____ Tax Treaty Code: _____

Substantial Presence Test					
The following information is used to determine U.S. Federal income tax withholding status for payments received from the University of Maryland College Park.					
				YES	NO
1. I am a lawful U.S. immigrant who has an Alien Registration Card ("Green Card"). If the answer is "yes" then please sign at the bottom. If the answer is "no" then proceed to Question # 2.					
2. Have you been in the U.S. for more than 183 days over the past three (3) years as computed below?					
	Date Entered U.S.	Date of Exit	Number of Days in U.S.	Multiplier	TOTAL
Current Calendar Year:	_____	_____	_____	1	_____
Prior Calendar Year:	_____	_____	_____	1/3	_____
2 Calendar Years Ago:	_____	_____	_____	1/6	_____
Total Number of Days					_____
If the answer is "Yes" to Question #1 or #2 you are a resident alien for federal income tax purposes and will receive a 1099 from the State of Maryland. If the answer to Question #2 is "No," you are a non-resident alien and will receive a 1042-S.					

Payee Certification	
By signing below, I certify that I have performed the agreed upon services. I certify that the amount of the payment is in accordance with the agreement letter as signed by me and the department. Further, I declare under the penalties of perjury that this statement is true and correct to the best of my knowledge.	
Payee Signature: _____	Date: _____