

**THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
PARTICIPANT PAYMENT REQUEST FORM**

**PLEASE READ CAREFULLY**

If you have any questions, contact Financial Services, Accounts Payable Section, (405) 271-2410.

**PARTICIPANT INFORMATION:**

Name \_\_\_\_\_ SSN or ITIN: \_\_\_\_\_

Address (street, city, st, zip): \_\_\_\_\_

**Type of Payee:**  OUHSC Employee  Norman Employee  Non-Employee

Are you related to a current OUHSC employee? \_\_\_\_ Yes \* \_\_\_\_ No

\*If Yes, name and relationship \_\_\_\_\_

**Residency Status:**  U.S Citizen  
 Permanent Resident\* (Must provide copy of green card)  
 Resident Alien (RA)\* (Must provide copy of visa, passport, and I-94)

*\*Definitions (IRS Publication 515) and Additional Requirements:*

**Resident Alien:** An alien who meets either the green card test or the substantial presence test for the calendar year

**Green Card Test:** If you were a lawful permanent resident of the U.S. at any time during the year

**Substantial Presence Test: MUST BE COMPLETED BY RESIDENT ALIEN**

Number of days in the United States during the current calendar year

Number of days in the United States during first preceding calendar year

Number of days in the United States during second preceding calendar year

➔ **For F and J visa types, please provide entry/departure history since January 1, 1985**

**Nonresident Alien:** An individual who is not a U.S. citizen or a resident alien. *Nonresident aliens, see next section.*

Under penalties of perjury, I certify that the above information is correct and 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
2. 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 Services (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 not longer subject to backup withholding
3. I am a U.S. person (including a U.S. resident alien)

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.

***I certify that I have reviewed the completed Participant Payment Request Form in its entirety and all information contained within is true and accurate to the best of my knowledge. I acknowledge that the University of Oklahoma considers participant payments as compensation for Internal Revenue reporting purposes and will send either an IRS Form 1099 or 1042 as required by IRS regulations.***

US Citizen, Permanent Resident, or RA Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Residency Status:**  Nonresident Alien\* (Must provide copy of visa, passport, I-94, and IIF)

Please sign the following certification:

***I certify that I have reviewed the completed Participant Payment Request Form in its entirety and all information contained within is true and accurate to the best of my knowledge. I acknowledge that the University of Oklahoma considers participant payments as compensation for Internal Revenue reporting purposes and will send either an IRS 1042 as required by IRS regulations.***

Nonresident Alien Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT INFORMATION:**

Method of Payment:  Check  Cash  Gift Card Amount: \_\_\_\_\_

University Department: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Departmental Telephone Number: \_\_\_\_\_

***I certify that the terms and conditions set forth in the Participant Payment Policy have been met and that the payments are in compliance with the conditions imposed by the funding source.***

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_