

Payee Certification

Use when making participant payments, paying non-Purdue student or non-staff awards, reimbursement of fees/expenses to speakers, honoraria, artists/entertainers, or consultants. Attach to Invoice Voucher, Form 56. Go to <http://www.purdue.edu/taxes/> For more information.

A. Payee Information (To be completed by Payee)

1. Name: _____ (Please enter name as shown on your Social Security Card)	2. Home Address: _____ _____ _____ (Please Include 4-Digit Zip Code Extension)
3. Social Security Number: _____	
4. Email Address: _____	
5. Are you a student? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Name of Institution _____	
6. Are you an employee or former employee of Purdue University? <input type="checkbox"/> No * <input type="checkbox"/> Yes** *If no, name of Employer _____ **If yes, dates of employment at Purdue _____	
7. Do you have immediate relatives employed at Purdue? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list name(s) and department(s). _____	
8. Citizenship and Residency - Used to determine appropriate tax withholding and reporting (check only one) H1B, F2, TN, and O1 visa holders are not eligible for compensation for independent personal services. Residency Status: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident (Green) Card # _____ <input type="checkbox"/> Non-Resident Alien Visa Type: _____	
Non-Resident Aliens, please complete your Glacier file www.online-tax.net	

STOP! If this arrangement is **long-term consulting** (more than 20 calendar days or multiple payments), **DO NOT COMPLETE Sections B., C., and D.** at this time. Complete Form 22, Request for Approval for Consulting Services, obtain approvals & forward to the Tax Department, FREH, with a copy of this Form 21.

B. Payment Information (To be completed by department business office)

To authorize payment for services rendered, complete Sections B, C, and D, and forward with Invoice Voucher (Form 56) and appropriate documentation to the Tax Department, FREH.

Description of Services/Reason for Payment: _____					
Was the work performed outside the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes			Is this a progress payment? <input type="checkbox"/> No <input type="checkbox"/> Yes*		
Period Covered by Payment: _____			*If yes, is this a final payment? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Itemized Payment:	Fee/rate per hour, day, etc.	No. of hours, days, etc.	Total	Foreign Curr.Type	
Honorarium/Fees for Service	\$ _____	X _____ =	\$ _____	-	
Expenses Airfare			\$ _____		
Ground Transportation	\$ _____	X _____ =	\$ _____		
Subsistence: Food	\$ _____	X _____ =	\$ _____		
Lodging	\$ _____	X _____ =	\$ _____		
Other _____	\$ _____	X _____ =	\$ _____		
Account Number	(Fund) _____	(Dept) _____	(Project) _____	(Dref) _____	Total Invoice Amount
				\$ _____	-

C. Payee Certification (To be signed by Payee EACH TIME a payment is requested)

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

By Signing this invoice I a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes; b) Certify that I am not a Federal employee; c) Agree that all inventions and materials first developed or produced as a result of the above described consulting activities will be reported to Purdue and all rights, both domestic and foreign, to inventions and materials first developed or produced as a result of the above described consulting activities shall be retained by Purdue University, and d) Agree not to disclose any information furnished by Purdue University that was identified as proprietary information.

Under penalties of perjury, I certify that: e) The number shown on this form is my correct taxpayer identification number, f) I am not subject to backup withholding, and g) the information regarding citizenship in A.8. above is correct.

Signature of Payee: _____ Date: _____

D. Verification of receipt of deliverables and/or services by individual with first-hand knowledge (Required for all payments except participant payments and award payments.)

By signing below, I certify that the services described in Section B. are essential to the project, that internal resources are not available to perform the work, and the consultant's fees are appropriate. I also certify that the services have been received, including any report(s) due.

Signature: _____ Date: _____

Title/Position: _____