

Instructions for Filling Out Payee Certification Form

1	Fill out Complete Name
2	Please add US Tax ID # or the LAST 4 of SS# (This is a change in the process allowing only partial SS#)
3	Choose a Business type. Circle the business type
4	Add the reason for payment. (This should indicate the type of work performed for the payment or the reason for the payment.)
5	Add the Dates for the period covered with this payment.
6	Indicate if the work was performed within the US. This is an especially important question. This helps determine the taxation. (Y/N)
7	Indicate if consultant has been paid by Purdue previously (Y/N)
8	If Y for question 7 indicate if there a change in address or banking info from previous payment (Y/N)
9	Indicate Citizenship (This is a must answer question.) **If you choose Non-Resident Alien or Foreign Entity add the Visa type in box provided.** Be mindful that if you choose non-resident Glacier documents will need to be attached.
10	Indicate if they are student (Y/N) ** If yes enter institution in the box provided
11	Indicate if they are an employee or former employee of Purdue, Purdue Global or PARI (Y/N) Indicate the dates of employment in the box provided
12	If you are an employee indicate if they have an approved Reportable Outside Activity form (Y/N)
13	Answer if they have immediate relatives employed by Purdue (Y/N)
14	If yes Indicate the name of the employee
15	The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain Payees are exempt from FATCA reporting
16	Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding". If a payee has a code they will present it to you.
17	Itemized Payment Section will allow you to indicate the type of payment that is being paid. Use these lines to show clearly what is being paid for. Make sure you total up the payment.
18	Certification of Payee section (With the change to using the last four digits tax will accept a DocuSign signature for the Payee.)
19	Add G/L Account to use for this payment
20	Add Order number to be used for this payment
21	Add WBS Element to be used for this payment
22	Add any earmarked funds to be used for this payment
	Below is for the department head/programmatic approval. The individual signing is indicating that the work has been completed.
24	The date will be entered by DocuSign.
25	The printed name of the individual will be entered by DocuSign.
26	The title of the individual will be entered by DocuSign.

Notes: ***Do not leave questions unanswered!**

*Make sure both sets of signatures are on the form and the signatures are done after the work has been performed.

*Make sure the reason for the payment is clear to someone who has no idea what work was performed.

*Make sure business type and citizenship are indicated.

*This form should accurately reflect the work done and contain requested information about the payee.

***Business office should verify form is complete before it is routed with a ZV60.**

* Incomplete forms will be rejected.

Payee Certification

Name: US Tax ID Number/SSN: **(last four digits only)**

Has a Statement of Work (SOW) been executed for this entity/individual? ☐ Yes ☐ No ☐ N/A

Business Type (Check One): ☐ Individual/Sole Proprietor/single-member LLC/Partnership ☐ S or C Corporation/Trust/Estate/Other

Description of Services / Reason for Payment:

Period Covered by Payment Was the work performed outside the United States? ☐ Yes ☐ No

Have you been paid by Purdue Before? ☐ Yes ☐ No

Citizenship (check one box)

☐ US Citizen ☐ Permanent Resident ☐ Non-Resident Alien or Foreign Entity If yes, enter Visa Type: Must complete and attach Glacier file (www.online-tax.net)

Purdue University-related Disclosures

Are you a student? ☐ Yes ☐ No If yes, enter institution

Are you a current or former employee of Purdue, Purdue Global or PARI? ☐ Yes ☐ No If yes, enter dates:
If yes, Do you have an approved Reportable Outside Activity Form? ☐ Yes ☐ No

Do you have immediate relatives who are employed at Purdue, Purdue Global or PARI? ☐ Yes ☐ No
If yes, List name(s) and department(s):

Exemptions (apply only to certain entities, not individuals):

Exempt payee code (if any) Exemption from FACTA reporting code (if any)
Applies to accounts maintained outside the U.S.

Itemized Payment

	Fee/Rate	Quantity	Total	Foreign Currency
Honorarium/Fees for Service	\$		\$	
Expenses:				
Airfare	\$		\$	
Ground Transportation	\$		\$	
Subsistence :				
Food	\$		\$	
Lodging	\$		\$	
Other - Describe:	\$		\$	
Total Invoice Amount			\$ 0	

Certification of Payee

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 and the name is the correct name on file with the IRS,
- f) I am not subject to backup withholding, and
- g) the information regarding citizenship or foreign status above is correct.

Signature of Payee:

Date:

Printed Name:

Account Information

G/L Account	Order	WBS Element	Earmarked Funds

Verification of receipt of deliverables and/or services by individual with first-hand knowledge

By signing below, I certify that the services described are essential to the project, have been received, and the consultant's fees are appropriate.

Signature: Date:

Printed Name: Title: