Sample Payment Using the following Criteria

➢ Services (Honorarium) payment

➢ B-1 (Visitor for Business) Nonresident Alien (NRA)

➢ Tax Treaty Country

➢ NRA has no SSN/ITIN and Applied for ITIN
Payment Request

This web entry system is used to generate a paper form to print and submit to your division office when requesting a check be written to an individual, multiple individuals, or vendors (Payment to Individual Report or Direct Pay Form). This system is not used to generate Employee Reimbursement forms. Scroll down for further information.

Select Recipient Type:

- **One Individual - US**
  Use this to generate a check to a single individual who is a US citizen or Permanent Resident. [More info...]

- **One Individual - Non-US**
  Use this to generate a check to a single individual who is not a US citizen or Permanent Resident. If applicable, you will need to attach the appropriate Tax Treaty Exemption form to prevent the witholding of income taxes. [More info...]

- **Company - US**
  Use this to generate a check to a US vendor when no purchase order is required.

- **Company - Non-US**
  Use this to generate a check to a non-US vendor when no purchase order is required. If payment is to be made in non-US currency, or by wire transfer or draft, additional forms will need to accompany this request. [More info...]

**Multiple Individuals - US** Not Currently available. You will need to use the Individual recipient type multiple times (so each has their own separate form). We hope to work out a better way to do this shortly.

Recipients cannot be payrolled employees, unless payment is for support, scholarship, research subject study participant, or cash prize awards not related to their employment.

Even if payment is being requested in a foreign currency, you must enter the funding amount in US Dollars. Here is a currency converter site.

The printable form that this system generates will include a list of required additional forms, if any.
Type of Payment

Define Type of Payment

Dept. Contact Name: JOSE A. CARUS, JR.

Dept. Contact Phone: 608-262-0582

Transaction Date: 03/05/2013

Choose Type of Payment from this 'Common' list:
Services performed within the U.S. by a Nonresident Alien (NRA)

You are currently seeing "Common" Payment Types.
To see "All" Payment types, click this link.

Continue
Payment Purpose

Define Purpose of Payment

These are the types of questions that should be answered by the Purpose statement:

- Describe services provided, including:
  - For Whom?
  - Where and When?

Presenter at Physics Class

Continue
Enter Recipient's Information

<table>
<thead>
<tr>
<th>Name (Last, First) *</th>
<th>NICOLLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address 1 *</td>
<td>ANY STREET</td>
</tr>
<tr>
<td>Mailing Address 2</td>
<td></td>
</tr>
<tr>
<td>Mailing City *</td>
<td>ANY CITY</td>
</tr>
<tr>
<td>Mailing State</td>
<td>ANY STATE</td>
</tr>
<tr>
<td>Mailing Postal Code</td>
<td>ANY ZIP</td>
</tr>
<tr>
<td>Mailing Country *</td>
<td>USA</td>
</tr>
</tbody>
</table>

Check here if the permanent address is the same as the mailing address [ ]
Otherwise, enter the recipient's permanent address

<table>
<thead>
<tr>
<th>Permanent Address 1</th>
<th>ANY STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address 2</td>
<td></td>
</tr>
<tr>
<td>Permanent City</td>
<td>ANY CITY</td>
</tr>
<tr>
<td>Permanent State</td>
<td>ANY STATE</td>
</tr>
<tr>
<td>Permanent Postal Code</td>
<td>ANY ZIP</td>
</tr>
<tr>
<td>Permanent Country</td>
<td>USA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of citizenship *</th>
<th>Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa Type *</td>
<td>B-1</td>
</tr>
</tbody>
</table>

Continue
Enter Payment Info for NICOLLE

Choose Method of Payment: check

Enter Currency for Payment: US Dollars

Continue
Enter Funding Information for Recipient

Enter Funding for NICOLLE:

For all Projects please enter the Fund and the last 4 characters of the project number. Output DP or PIR will reflect the proper project ID based on the SFS Project Database.

<table>
<thead>
<tr>
<th>Fund</th>
<th>Project/Grant suffix</th>
<th>UDDS</th>
<th>Program</th>
<th>Amount</th>
<th>Budget Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edit</td>
<td>101</td>
<td>030500</td>
<td>1</td>
<td>$1000.00</td>
<td>2013</td>
</tr>
</tbody>
</table>

View Output
The following forms must be completed and accompany this form

<table>
<thead>
<tr>
<th>No.</th>
<th>Form</th>
<th>Description</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>Form 8233</td>
<td>IRS Form 8233</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>W-8BEN</td>
<td>IRS W 8-BEN Certification Of Foreign Status Of Beneficial Owner For U.S. Tax Withholding</td>
<td><a href="https://admin.egr.wisc.edu/uw_pay_recues/includes/pir_travel_egr.xls">https://admin.egr.wisc.edu/uw_pay_recues/includes/pir_travel_egr.xls</a></td>
</tr>
</tbody>
</table>
VISA

UNITED STATES
OF AMERICA

VISA TYPE/CLASS: P-3

CONTROL NUMBER: 73247JJH7347

ISSUE DATE: 08/12/19

EXPIRATION DATE: 08/12/22

NATIONALITY: RUSSIA

SEX: F

GIVEN NAME: Svetlana

FAMILY NAME: Gordeeva

SECRETARY: Ms.

ANNOTATION: P-3-0130

VISA STAMP: 7434282112440F0301

J10100083517

 status: valid
Form W-8BEN
Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Do not use this form for: Instead, use Form: W-9
- A U.S. citizen or other U.S. person, including a resident alien individual
- A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States.
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions).
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 116(2), 501(c), 892, 896, or 1443(b) (see instructions).
- A person acting as an intermediary.

Note: See Instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)
1 Name of individual or organization that is the beneficial owner
   NICOLLE SCHMIDT
2 Country of incorporation or organization
   GERMANY
3 Type of beneficial owner:
   - [ ] Individual
   - [ ] Corporation
   - [ ] Disregarded entity
   - [ ] Partnership
   - [ ] Simple trust
   - [ ] Grantor trust
   - [ ] Complex trust
   - [ ] Estate
   - [ ] Government
   - [ ] International organization

   [ ] Central bank of issue
   [ ] Tax-exempt organization
   [ ] Private foundation

4 Permanent residence address (street, apt., or suite no., or rural route). Do not use a P.O. box or in-care-of address.
   5678 ANY ADDRESS
   ANY CITY
   Country (do not abbreviate)
   GERMANY

5 Mailing address (if different from above)
   1234 ANY ADDRESS
   City or town, state or province, include postal code where appropriate.
   ANY CITY, ANY STATE 1234
   Country (do not abbreviate)
   U.S.A.

6 U.S. taxpayer identification number, if required (see instructions)
   [ ] SSN or ITIN [ ] EIN
   N/A

7 Foreign tax Identifying number, if any (optional)
   N/A

8 Reference number(s) (see instructions)
   N/A

Part II Claim of Tax Treaty Benefits (if applicable)
9 I certify that (check all that apply):
   a [ ] The beneficial owner is a resident of GERMANY within the meaning of the income tax treaty between the United States and that country.
   b [ ] If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
   c [ ] The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
   d [ ] The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status. (see instructions).
   e [ ] The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, $50,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article ____________ of the treaty identified on line 9a above to claim a ____________% rate of withholding on [specify type of income].

   Explain the reasons the beneficial owner meets the terms of the treaty article: __________________________________________________________________________________________

Part III Notional Principal Contracts
11 [ ] I have provided or will provide a statement that identifies these notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:
- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
- The beneficial owner is a U.S. person.
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty.
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the Instructions.

Furthermore, I authorize this form to be procured by any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here
Signature of beneficial owner (or individual authorized to sign for beneficial owner)
Date (MM-DD-YYYY) Capacity in which acting

For Paperwork Reduction Act Notice, see separate instructions.
Cat. No. 250472 Form W-8BEN (Rev. 12-2010)
Exemption From Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual

**Who Should Use This Form?**

| Terms for definitions of terms used in this section and detailed instructions on required withholding forms for each type of income, see Definitions on pages 1 through 3 of the instructions. |
| Compensation for independent personal services performed in the United States |
| Compensation for dependent personal services performed in the United States |
| Noncompensatory scholarship or fellowship income and personal services income from the same withholding agent |

**DO NOT Use This Form...**

| Terms for receiving compensation for dependent personal services performed in the United States and you are not claiming a tax treaty withholding exemption for that compensation |
| Terms for receiving noncompensatory scholarship or fellowship income and you are not receiving any personal services income from the same withholding agent |
| Terms for claiming only foreign status or treaty benefits with respect to income that is not compensation for personal services |

This exemption is applicable for compensation for calendar year 2013, or other tax year beginning and ending ...........................................

**Part I Identification of Beneficial Owner (See Instructions.)**

| 1 | Name of individual who is the beneficial owner |
| 2 | U.S. taxpayer identifying number |
| 3 | Foreign tax identifying number, if any (optional) |

Nicolle Schmidt

**5678 ANY ADDRESS**

City or town, state or province. Include postal code where appropriate.

ANY CITY

**1234 ANY ADDRESS**

City or town, state, and zip code

ANY CITY, ANY STATE 12345

Note: Citizens of Canada or Mexico are not required to complete lines 7a and 7b.

**6** | U.S. visa type |
| B-1 |

**8** | Date of entry into the United States |
| 03/15/05 |

**9a** | Current nonimmigrant status |

**9b** | Date your current nonimmigrant status expires |

10 If you are a foreign student, trainee, professor/teacher, or researcher, check this box □

Caution: See the line 10 instructions for the required additional statement you must attach.

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 6292K Form 8233 (Rev. 12-2001)
Part II  Claim for Tax Treaty Withholding Exemption and/or Personal Exemption Amount

11 Compensation for independent (and certain dependent) personal services:
   a. Description of personal services you are providing: Present a lecture

   b. Total compensation you expect to be paid for these services in this calendar or tax year $1000.00

12 If compensation is exempt from withholding based on a tax treaty benefit, provide:
   a. Tax treaty and treaty article or which you are basing exemption from withholding: U.S.-Germany Article 7

   b. Total compensation listed on line 11b above that is exempt from tax under this treaty $1000.00

   c. Country of permanent residence: GERMANY

Note: Do not complete lines 13a through 13c unless you also received compensation for personal services from the same withholding agent.

13 Noncompensatory scholarship or fellowship income:
   a. Amount $_________________________

   b. Tax treaty and treaty article on which you are basing exemption from withholding

   c. Total income listed on line 13a above that is exempt from tax under this treaty

14 Sufficient facts to justify the exemption from withholding claimed on line 12 and/or line 13 (see instructions)

Note: Lines 15 through 18 are to be completed only for certain independent personal services (see instructions).

15 Number of personal exemptions claimed ▶ 1 ▶

16 How many days will you perform services in the United States during this tax year? ▶ 1 ▶

17 Daily personal exemption amount claimed (see instructions) ▶

18 Total personal exemption amount claimed. Multiply line 16 by line 17 ▶

Part III  Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

• I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates.
• The beneficial owner is a U.S. person.
• The beneficial owner is a resident of the treaty country listed on line 12a and/or 13b above within the meaning of the income tax treaty between the United States and that country.
• The beneficial owner is a former citizen or long-term resident of the United States subject to section 877 (relating to certain acts of expatriation) or, if subject to section 877, the beneficial owner is nevertheless entitled to treaty benefits with respect to the amounts received.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶ Signature of beneficial owner (or individual authorized to sign for beneficial owner) ▶ Date ▶

Part IV  Withholding Agent Acceptance and Certification

Jose A. Carus, Jr.
Tax Compliance Manager
University of Wisconsin-Madison
21 North Park Street, Suite 6234
Madison, WI 53715-1218

Employer identification number EIN 39-6006492

Telephone number 008-262-0582

Under penalties of perjury, I certify that I have examined this form and any accompanying statements, that I am satisfied that an exemption from withholding is warranted, and that I do not know or have reason to know that the nonresident alien individual is not entitled to the exemption or that the nonresident alien's eligibility for the exemption cannot be readily determined.

Signature of withholding agent ▶ Date ▶
Application for IRS Individual Taxpayer Identification Number

This number is for Federal tax purposes only.

Before you begin:
- Do not submit this form if you have, or are eligible to obtain, a U.S. social security number (SSN).
- Receipt of an IRS individual taxpayer identification number (ITIN) creates no inference regarding your immigration status or your right to work in the United States.
- Receipt of an ITIN does not make you eligible to claim the earned income credit (EIC).

Reason you are submitting Form W-7. Check only one box (see instructions).

a ☑ Nonresident alien required to obtain ITIN to claim tax treaty benefit
b ☐ Nonresident alien filing a U.S. tax return and not eligible for an SSN
c ☐ U.S. resident alien (based on days present in the United States) filing a U.S. tax return and not eligible for an SSN
d ☐ Dependent of U.S. citizen/resident alien Enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions)
e ☐ Spouse of U.S. citizen/resident alien
f ☐ Nonresident alien student, professor, or researcher filing a U.S. tax return and not eligible for an SSN. Complete line 6g below
g ☕ Dependent/spouse of a nonresident alien visa holder. Enter name and visa type of primary holder (see instructions)
h ☐ Other INS Classification (specify) ►

Name

Name at birth if different ►

First name NICOLLE
Middle name L
Last name SCHMIDT

Applicant’s foreign address

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

ANY CITY, GERMANY

Mailing address

City or town, state or province, and country. Include ZIP code or postal code where appropriate.

ANY CITY, ANY STATE, 12345

Birth information

Date of birth (month, day, year) 8/21/1967

Country of birth GERMANY
City and state or province (optional) N/A

Other information

Country(ies) of citizenship GERMANY
Foreign tax identification number N/A
Type of U.S. visa (if any), number, and expiration date 10/14/20

Identification documents submitted (see instructions):
- Passport
- Driver’s License/State I.D.
- INS Documentation
- Other

Issued by: Germany
No. T 296 000 127 Exp. date 10/14/20

Have you previously received a U.S. temporary Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN)?
- No/Do not know. Skip line 6f.
- Yes. Complete line 6f. If you need more space, list on a sheet and attach to this form (see instructions).

TIN EIN

Enter the name under which the TIN was issued.
Enter the name under which the EIN was issued.

Name of college/university or company (see instructions) University of Wisconsin-Madison
City and State MADISON, WI
Length of stay UNK/MARCH 13

Signature of applicant (if delegate, see instructions)
Date (month, day, year) 8/21/1967
Phone number 608-262-6932

Name of delegate, if applicable (type or print)
Delegate’s relationship to applicant Parent

Acceptance Agent’s name and title (type or print)
UW-MADISON

Signature
Date (month, day, year) 8/21/1967
Phone (608) 262-3660

For Paperwork Reduction

Jose A. Carras, Jr.
Tax Compliance Manager
Cat. No. 10228L

Form W-7 (Rev. 12-2003)