

Vendor Number:

Payment to Individual Report

Amount	Account	Fund	Dept. ID	Prog.	Class	Budget Year	Project	SS#, Taxpayer ID#, ITIN	Legal Name (Last)	(First)	(Initial)	
									NOTE: W9 tax ID form must be attached for all new vendors.			
		Total	Requisition Number:									
Business Services Use Only												
Withheld (cr.)									<input type="checkbox"/> Yes <input type="checkbox"/> No Is individual an entertainer or public speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the entertainer or public speaker a Wisconsin Resident?			
Ent. Tax	Wisconsin Department of Revenue											
Net Amount												
Mail to: Building/Street City/State/Zip								Entertainer or Public Speaker Section Attach form WT-11 if provided by entertainer or public speaker Federal Tax Calculation (Business Services Use Only) <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt Withholding Rate: _____ Reason For Exemption: <input type="checkbox"/> U.S. Resident with SS# <input type="checkbox"/> Non-U.S. Source <input type="checkbox"/> W-8 (Ben, ECI, EXP, IMY) <input type="checkbox"/> Form 8233 <input type="checkbox"/> Other (Explain in area below)				
Permanent Home Address (Required if different)												
If UW or State employee, indicate department												
Currently enrolled UW student	<input type="checkbox"/> Yes		<input type="checkbox"/> No									
Residency:	<input type="checkbox"/> U.S. Resident		<input type="checkbox"/> Legal Resident of:									
Visa status if not US resident:												
Date(s) of Service	Purpose of Payment											
								Dept. Chairperson / Project Director _____ Date _____				
								Dean / Director _____ Date _____				
								Student Financial Aids (Activity 9 Only) _____ Date _____				
								Authorized Institutional Approval _____ Date _____				
For more information, call:								Ext.				

Business Services Use Only: _____ **W-9**
 _____ **ASSA/Contract**
 _____ **Auditor (Initial & Date)**
 _____ **Grant Approval (Initial & Date)**