



You Belong!
ccsj.edu

STIPEND PAYMENT FORM

Instructions: This form is to be completed for non-employees performing services for CCSJ.

NAME OF INDIVIDUAL: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

SOCIAL SECURITY OR FEIN #: _____

PAYMENT AMOUNT: _____

Signature below verifies:

- I am a U.S. Citizen and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding.
- I have provided my correct taxpayer identification number above.
- If not previously provided, a W-9 form must be completed and attached. **W9 Form Attached**

Signature

Date

ACTIVITY PERFORMED		
TERM/DATE	ACTIVITY	APPROVED BY

Payments received for services constitutes taxable earnings regardless of the amount. Calumet College of St. Joseph adheres to Internal Revenue Services (IRS) requirements for reporting miscellaneous income on Form 1099.

Director/Faculty Signature

Date:

GL Account Number to charge expense to: _____

Vice President's Signature

Date

Human Resources Signature

Date

- Accounts Payable Payroll