

# RESEARCH PARTICIPATION INDIVIDUAL PAYMENT CERTIFICATION FORM

For Payment by Cash, Gift Card or Check

Revised 4/5/2022



## I. Payment Information:

Date of Payment: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

IRB protocol No.: \_\_\_\_\_ Payment Account: \_\_\_\_\_

## II. Participant Information:

A. *Domestic Participant* (complete if a U.S. Citizen or Legal Permanent Resident or DACA):

Name (required for payment by check): \_\_\_\_\_

Researcher Assigned ID number: \_\_\_\_\_

Yes  No Do you expect to receive payment by check and/or receive \$250 or more for all compensation from Texas A&M University for the current calendar year? *If yes, sections III and IV and [W-9](#) are required.*

B. *Nonresident Foreign National Participant* (complete if not a U.S. Citizen or Legal Permanent Resident or DACA):

Name: \_\_\_\_\_

Yes  No Are you a Nonresident Foreign National? If yes, sections III and IV and [Glacier](#) are required.

## III. Participant Information:

**Required for participants who answered Yes to items in Section II or will receive payment by check.\***

SSN/TIN/UIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

*\*Disclosure of your SSN, TIN or UIN is required of you in order for Texas A&M University to issue a U.S. Federal tax form 1099 or 1042S, as mandated by law under the United States Tax Code and Internal Revenue Service Regulations. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.*

## IV. Participant Certification:

**Required for participants who answered Yes to one or both items in Section II or will receive payment by check.**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.
4. I am responsible to adhere to the tax regulations of my current country of residency if my participation takes place outside of the U.S.

My signature below indicates that I have received, or will receive a check from Texas A&M University, cash or gift card for my participation in the study.

**Signature of U.S. Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am a nonresident Foreign National. I understand that eligibility for payment for this research participation is dependent upon my Visa status, that it must be determined in advance of any participation in research and that additional documentation will be required to process payment. (Please ensure payment eligibility before contracting for services.)

**Signature of Nonresident Foreign Research Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## V. Principal Investigator Certification

**Printed Name of Individual Disbursing Funds:** \_\_\_\_\_ **Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Principal Investigator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Sections III and IV are required, completed forms must be submitted by fax 979.458.3131 or mailed to MS 6003.**