**ACKNOWLEDGEMENT RECEIPT**

Please submit completed form to Accounts Payable or ORSP as appropriate to meet requirements for ABC

Students and Non-students (Non-ABC Employees) for cash equivalent/payment reporting purposes.

**I. RECIPIENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** |  |  |  | **First Name** |  |  |  |  | **MI** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Address** |  |  |  | **City** |  |  |  |  | **State** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Zip Code** |  |  |  | **Phone #** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **E-mail** |  |  |  | **Net ID:** |  |  |  |  |  |  |
|  |  |  |  |  | **Amount:** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Including today's activity,** |  |  |  |  |  | (If applicable) |  |  |  |  | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |
| **have you received payments from the University in the amount of $600 or more during this calendar year?** |
| **Currently Enrolled Student?** | **Yes** | **No** | **\*US Citizen/Permanent Resident?** | **Yes** | **No** |  |  |



*If you are a ABC student, please read the important acknowledgement below:*

I certify that I am aware that receipt of this payment/award or prize may impose restrictions on my receipt of other financial benefit from the University or US Government funds, and/or may have tax implications. In addition, I will immediately notify the Accounting Services Department of any change in the information stated herein. I understand that it is my responsibility to contact the Financial Aid Office if I have questions about how and if this will impact my financial aid package.

**DISCLAIMER:** The University does not assist in tax preparation, act as a tax consultant for individuals or entities, provide tax advice, andcannot answer your tax questions. Please consult a tax professional or a financial planner who is proficient with taxation for assistance with your tax questions.

**Recipient Signature** **Date**

\*Note that payments for Non-US Citizens or Non-Permanent Residents are typically processed via the Accounts Payable department.

Applicable withholdings will be applied as appropriate.

1. **STATEMENT OF ACTIVITY - THIS SECTION TO BE COMPLETED BY CAMPUS REPRESENTATIVE**

Select all applicable activity that is the best description of the student payment or provide a description in the line provided below:

 **Award/Prize  Interview Payment  Orientation Event Worker  Reimbursement  Study or Research Participant**

 **Tutoring Service  Other, please explain:**

|  |  |  |  |
| --- | --- | --- | --- |
| Is this payment related to an academic requirement or related to the student's academic attainment? | **Yes** | **No** |  |
|  | Will the participant be required to perform services in order to obtain the payment? | **Yes** | **No** |  |
| **Department/PI Approver Name:** |  |  | **Signature** |  |  |  |  |  | **Date:** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| **III. DOCUMENT SUBMISSION - THIS SECTION TO BE COMPLETED BY ACCOUNTING SERVICES / ORSP** |  |
|  |  |  |  |  |  |
| **1042-S** | Forwarded to Human Resources on: |  | **1099-MISC, box 7** | Forwarded to Accounts Payable on: |  |  |
|  |  |  |  |  |  |
| **1098T** | Forwarded to Student Finance on: |  | **1099-MISC, box 3** | Forwarded to AP/Financial Aid on: |  |
|  |  |  |  |  |  |  |  | (AP to notify Financial Aid) |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **N/A** | Please Explain: |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Administrator Name:** |  | **Signature** |  |  |  |  |  | **Date:** |  |

