**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:** | |  |

