WAYNE STATE UNIVERSITY Honoraria/Award Data Form

Complete the following (incomplete forms will not be processed):			
Payee's Full Name (include middle initial):	Banner ID/SSN/ITIN:		
Are You:			
A citizen or Permanent Resident of the U.S.?		🔿 Yes	O No
If "Yes", complete this form and a W-9.			
If "No", complete this form and a W-8.			
A Full or Part-time employee of Wayne State University	?	O Yes	O No
A Student at Wayne State University?		() Yes	○ No
Have you received any payments from the University with	hin the past 12 months?	O Yes	⊖ No
If "Yes", complete the following:			
Date(s) of Payment:	Amount(s) of Payment:		
Honoraria/Award Information:			
Date(s) services will be provided:			
Describe what the payment is for:			
Location services will be provided:			
			.1.
Payee's Certification: I certify that the information contained in the above statements and supported with the required attachments about the payee presents a fair and accurate presentation of my status for tax and immigration purposes which constitutes a			
responsible assertion to the Internal Revenue Service.			

Signature of Payee

Date