

# Subject Payment Form

## Department of Speech-Language-Hearing Sciences

Subject Name	
Address	
City, State, Zip	
Phone Number	
Social Security #	
Amount to be paid	
Researcher/Project/Account#	
Date(s)	
Are you currently on U of MN payroll?	

Certification:

1. The number shown on this form is my correct taxpayer identification number (TIN) 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions – You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholdings because of under reporting interest or dividends on your tax return.

I certify that I have incurred the above expenses or provided the above services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date