

## HONORARIUM ACCEPTANCE

**Notice:** This form is intended for the payment of an honorarium. It should not be used for entities/organizations or for services billed via invoice. If the recipient is a current employee this payment must be processed through payroll.

## Instructions:

- This form must be completed and submitted prior to the performance of services for which the honorarium is paid. The Recipient
  must complete this form and return to the Dartmouth College business unit or department contact. The business unit or
  department must submit this form via a Payment Request eForm.
- 2. New honorarium recipients who are U.S. residents or non-residents with a U.S. bank account will receive an email invitation from PaymentWorks, Dartmouth's vendor portal, upon submission of this form on the Payment Request eForm. New honorarium recipients must register in PaymentWorks and provide their payment and tax information.
- 3. New honorarium recipients who are non-residents and are performing services within the U.S. will also be invited to register in Dartmouth's income tax software provider for non-resident aliens, Sprintax.
- 4. Non-residents who do not have a U.S. bank account should complete the wire information section on page 2 of this form.

<u>Services</u>							
To be completed onl	ly by the Department.						
DATE OF SERVICE	HONORARIUM AMOUNT (in USE	/3/	WILL THESE SERVICES BE PROVIDED IN THE UNITED STATES?YesNe				
		For vi	For virtual events consider the physical location of the honorarium recipient.				
PLEASE DESCRIBE THE	E SERVICE TO BE PROVIDED:						
Recipient Informa	ation						
To be completed onl	ly by the Recipient.						
FIRST NAME			LAST NAME				
STREET ADDRESS			CITY/TOWN				
STATE/PROVINCE ZIP,		ZIP/POSTA	CODE COUNTRY				
EMAIL			WILL PAYMENT BE ISSUED TO A U.S. BANK ACCOUNT?YesNo (if no, complete the wire detail on page 2)				
		ne United	l States. I	I understand that Dartmouth will report the paymen			
I am not a	U.S. citizen or permanent U.S	3. resider	nt.				
incidental Dartmoutl	expenses. I understand that, h to register in Sprintax to pro	if providi vide my	ing servic residency	provide an honorarium payment and/or associated ce within the U.S., I will receive an invite from y and tax information. I understand that Dartmouth as taxable to the IRS on Form 1042-S.			
Signature							
I understand Dartmou	uth cannot make payments to thi	rd parties	I designat	te in lieu of providing a payment to me.			
NAME (PRINT NAME)			0	SIGNATURE			

## International Wire Information (This section should only be used for non-U.S. bank wire transfers)

Account Holder or Beneficiary Details:									
BENEFICIARY NAME	BENEFICIARY TELEPHONE								
BENEFICIARY ADDRESS	BENEFICIARY CITY/TOWN	1							
ENEFICIARY STATE/PROVINCE BENEFIC		CIARY POSTAL CODE	BENEFICIARY COUNTRY						
BENEFICIARY EMAIL									
Account Holder or Beneficiary Details:									
CORRESPONDING BANK NAME		BIC/SWIFT CODE		CURRENCY (e.g., USD, EUR)					
BANK ACCOUNT NUMBER / IBAN NUMBER / TRANSIT NUMBER									