

## **Taxpayer Acknowledgement**

Name	e of Payee:
	(Print Full Name)
appli	erstand that the value of the payment or prize may be taxable as income, and that I am responsible for any cable taxes. I understand that before I can receive the payment or prize, I must complete either an IRS Form W-9 citizen or a Resident of the U.S. for tax purposes) or an IRS Form W-8BEN (Nonresident Alien for tax purposes).
Are y	ou a U.S. Citizen/Entity or a Resident Alien for U.S. tax purposes? Yes No
	If you checked "yes" above, complete the IRS Form W-9.
	If you checked "no" above, you must contact Student Fiscal Services at (785) 628-5892 for assistance in completing the IRS Form W-8BEN (Nonresident Alien tax compliance documentation),
	ou an employee of the State of Kansas?  Yes No e of payment or prize for State of Kansas employees may be added to employee's annual W-2.
I und	erstand that I may choose to decline the payment or prize and not complete/sign this Acknowledgement.
Date	:
	Payee Signature
1	DEPARTMENT COMPLETE FOR GPA ONLY:
	Event Name: GPA Number:
	Event Host: