



NEW YORK UNIVERSITY

PAYMENT TO INDIVIDUALS

(LAST REVISED SEPTEMBER 2011)

Form IND4000
For Accounts Payable Use Only

Use this form to arrange for payment to individuals with Social Security Number (or ITIN if non-resident aliens) who are not NYU employees or students, and to NYU employees or students for minor payments not related to employment.

You must provide **ALL NONRESIDENT PAYEES** with a Tax Compliance Notification (for Payments via Accounts Payable) form. The Payee must then provide you with a completed Tax Compliance Notification form. Send the completed Tax Compliance Notification form, directly to the Nonresident Alien Tax Specialist. All non-U.S. Company/Entity payees will then be contacted by the NYU Tax Department to obtain additional tax forms via GLACIER, an online tax compliance system. More information can be obtained from the Controller's Division Website (www.nyu.edu/financial.services/cdv).

NOTE: Failure to complete information in GLACIER and/or to submit forms from GLACIER, if required, may result in maximum tax withholding.

PAYEE INFORMATION

1. RESIDENCY STATUS	
Is the Payee or beneficiary of this payment a U.S. Citizen or Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. TYPE OF PAYMENT (Check appropriate box and see instructions for types of payments that can be processed using this form. Most payments to NYU employees should be processed through Payroll.)	
<input type="checkbox"/> (a) Minor services with total payments (exclusive of reimbursement of incidental expenses) up to \$600.00 in calendar year <input type="checkbox"/> (b) Royalties <input type="checkbox"/> (c) Honorariums or awards (can include incidental expenses) <input type="checkbox"/> (d) Reimbursement to volunteer, prospective employee/student <input type="checkbox"/> (e) Professional Services (can include incidental expenses) <ul style="list-style-type: none"> <input type="checkbox"/> i. Total payments up to \$3,000.00 in calendar year <input type="checkbox"/> ii. Total payments over \$3,000.00 in calendar year (If this box is marked, Form IND4000A must be completed and attached.) <input type="checkbox"/> iii. Reimbursement for travel expenses (Travel must be in accordance with contract and only when not part of service fees. If this box is marked, Form EXP2000T must be completed and attached.) 	

3. PAYEE'S SOCIAL SECURITY NUMBER OR ITIN	For Accounts Payable Use Only
4. PAYEE'S FULL NAME (FIRST, MIDDLE INITIAL, LAST)	VENDOR NUMBER:
5. HOME ADDRESS (REQUIRED)	8. ENCLOSURE TO BE MAILED WITH CHECK (Extra copy must be attached) <input type="checkbox"/> YES
6. ALTERNATE MAILING ADDRESS OR FOREIGN ADDRESS (IF APPLICABLE)	9. HOLD FOR PICK-UP? <input type="checkbox"/> YES (For extraordinary circumstances only. Print name and telephone number.)
7. DEPARTMENT TO BE CHARGED	

EXPENSE/ACCOUNT DETAILS

10. INVOICE NUMBER OR DESCRIPTION (Up to 12 characters)	11. INVOICE DATE OR DEPT PROCESS DATE	12. AMOUNT	13. CHARTFIELD					For Accounts Payable Use Only				
			ACCOUNT	FUND	ORG/DEPT	PROGRAM	PROJECT	Tax Rate	Net Amount	1099/1042S		
		\$										
TOTAL AMOUNT		\$	14. TOTAL AMOUNT REQUESTED (IN WORDS)									

15. DESCRIBE FULLY THE NATURE OF THE PAYMENT (Description will not appear on the check)
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16. SIGNATURES/APPROVALS: *By my signature I certify that the information provided on this form, and on the Independent Contractor Questionnaire when applicable, is true and correct to the best of my knowledge, and that I have verified it.*

CONTACT PERSON	EMAIL OF CONTACT PERSON	TEL. NUMBER	DATE
NAME OF APPROVER	SIGNATURE OF APPROVER	TEL. NUMBER	DATE