



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:

1. 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.
5. More information is available within the Vendor Guide website at [PaymentWorks](#) and [Sprintax for Non-residents](#).

Services

To be completed only by the Department.

DATE OF SERVICE	HONORARIUM AMOUNT	WILL THESE SERVICES BE PROVIDED IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For virtual events consider the physical location of the honorarium recipient.</i>
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PLEASE DESCRIBE THE SERVICE TO BE PROVIDED:

Recipient Information

To be completed only by the Recipient.

FIRST NAME	LAST NAME	
STREET ADDRESS		CITY/TOWN
STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
EMAIL	WILL PAYMENT BE ISSUED TO A U.S. BANK ACCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, complete the wire detail on page 2)</i>	

NATIONALITY *(choose only one option)*

I am a U.S. citizen or resident alien of the United States. I understand that Dartmouth will report the payment as taxable to the IRS on Form 1099.

I am not a U.S. citizen or permanent U.S. resident.

I have accepted an invitation from Dartmouth which will provide an honorarium payment and/or associated incidental expenses. I understand that, if providing service within the U.S., I will receive an invite from Dartmouth to register in Sprintax to provide my residency and tax information. I understand that Dartmouth will apply up to 30% withholding and report the payment as taxable to the IRS on Form 1042-S.

Signature

I understand Dartmouth cannot make payments to third parties I designate in lieu of providing a payment to me.

NAME (PRINT NAME)	DATE	SIGNATURE
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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
BENEFICIARY STATE/PROVINCE	BENEFICIARY 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		