



NEW YORK UNIVERSITY

PAYMENT TO INDIVIDUALS

(LAST REVISED MAY 23, 2002)

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.

PAYEE INFORMATION

1. RESIDENCY STATUS		For Accounts Payable Use Only		
Is the Payee or beneficiary of this payment a U.S. Citizen or Permanent Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO , you must attach an Alien Information Collection Form and other required tax forms. Refer to the Manual on Payments Made to Nonresident Aliens for more information. This manual can be obtained from the Controller's Division Web site (www.nyu.edu/cdy). Note: If payment is to a nonresident whose country of origin has no tax treaty with the U.S., NYU will withhold applicable taxes from the amount.		COUNTRY	COUNTRY CODE	INCOME CODE
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.) 				
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 <input type="checkbox"/> YES (Extra copy must be attached)		
6. ALTERNATE MAILING 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)

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