
HUMAN SUBJECT/PARTICIPANT PAYMENT FORM

I have completed my participation in the _____ study.

As compensation for my time, a payment of \$_____ will be rendered.

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Social Security Number: _____

Participant's signature

Date

Researcher (print): _____

Researcher's signature

Date

Project Number: _____

Project Director's signature

Date

IRB Protocol#: _____

Expires: _____

Single payments greater than \$100.00 should be paid directly to the human subject/participant thru RF accounts payable department.

Important Tax and Reporting Information:

By accepting payment(s) for participating in this study, certain identifying information about you may be made available to professional auditors to satisfy federal and state reporting requirements, but confidentially will be preserved. Research subject amounts are reported as "Other" income to the IRS. If you are a U.S. Citizen or Resident Alien for tax purposes and receive \$600 or more in a calendar year, the RF must report the amount in box 3 "Other" income on IRS form 1099-MISC. On this consent form, you indicated your tax status as: U.S. Citizen or Resident Alien for tax purposes and alternative methods of payment were available OR Nonresident Alien for tax purposes and payment was required through the RF accounts payable business system and 30% tax withholding was required.