## Marshall University Foundation NONEMPLOYEE COMPENSATION/INDEPENDENT CONTRACT AGREEMENT

This form must accompany each request for payment to an individual for honorariums, fees, lectures, awards, or any other fixed and determinable sums which qualify under the Internal Revenue Service's definition of nonemployee compensation.

	TO BE COMPLETED BY INDIVIDUAL RECEIVING PAYMENT	
Name		
Home Address	(Street Address)	
	(City, State, & Zip Code)	
g., g., .		
For purposes	Num Telephone ()  of assuring the correct information return is filed with the IRS regarding please check one of the following:	
1. I a	am a citizen or national of the United States.	
2. I a Number	am an alien lawfully admitted for permanent residence (Alien	
in the United	am an alien authorized by the immigration and Naturalization Service to work States (Alien number, or Admission number, employment authorization, if any).	
appear on the am a citizen the United St federal, stat or other empl University Ph	eby certify that my name, home address and Social Security number are as the e tax information returns I file with the Internal Revenue Service and that I of the United States of America or an authorized alien eligible to work in tates. I understand this compensation will be paid to me in full and no see, OASDI or Medicare taxes, Worker's Compensation or Unemployment Insurance, loyee-related benefits will be withheld. Further, I understand that mysicians & Surgeons, Inc. will file the appropriate information return with Revenue Service and that I am responsible for reporting this as income on my	
Signat	ture of recipient Date	
	of this non-employee compensation in the amount of \$• is as ease provide a brief explanation.)	
_	rify that the purpose for which this nonemployee compensation is being paid filled and is now due and payable as agreed upon.	

Date

CME Dean or Department Chairperson