

Award/Prize Tax Data Collection Instructions

This form should be used for distributing awards or prizes through a drawing or winning a student's academic competition. The recipient may be an employee, student, or other affiliate. This form is not used for awards or prizes related to employee recognition.

Department Information:

- Provide the department name, number, contact information, event name, and event description. The contact name should be the person familiar with the event.
- The account number is required to pay gross up withholding taxes for Non-Resident Aliens. The default amount is 30% of the value of the prize but it can vary depending on applicable treaties and other variables.

Award/Prize Information:

• Include the date the award is distributed and a description of the award. The value of the award is the MSRP for non-cash awards and face value for cash or cash equivalents. The value is not determined by what was paid for the award item.

Awardee Information:

- This information is completed by the recipient at the time they receive the award/prize.
- If the award is over \$50, Social Security Number (SSN), address, email, and citizenship status is required for a University of Arizona student or other non-employee.
- All awardees should sign and date the form as acknowledgement of award/prize receipt and potential tax implications.

For questions, please contact Tax Services at 520-621-1957 or <u>FNSV-Tax-Services@arizona.edu</u>.

Additional Information can be found at the <u>Tax Services Award/</u> <u>Prize Tax Data Collection page</u>.

Please attach completed form to the corresponding Disbursement Voucher in UAccess Financials.



Award/Prize Tax Data Collection

Department Information					
Org/Dept Name and Number:			Event Name:		
Contact Person Name:			Event Description:		
Contact Person Email:					
Contact Person Phone:			Account Number:		
			(for gross up as applic	cable)	
Award/Prize Information					
Date Award/Prize distributed:			Award/Prize Descript	ion:	
Value of Award/Prize: <u>\$</u> (MSRP for goods, face value for cash or cash e	quiva	llents)			
Awardee Information					
Full Name:					
Last Name	Firs	st Name		Middle	
Initial Current Affiliation (check all that apply):		Employee	– Employee ID:		
□ Student			t – Student ID:		
		Other			
Non-Employees: Complete this section if value	e of A	Award/Prize	e is over \$50		
SSN/ITIN:			Email Address:		
Street Address:			Status (check one):	□ U.S. Citizen or Permanent Resid	ent
				Nonresident Alier	ı
Awardee Sign and Date					
Signature:			Date:		
This form must be submitted securely and attached to a Disburst is necessary for the university to meet federal and state tax rep			10 business days of an award,	/prize distribution. The information	on
Employees: Value of award/prize will be included in wages and t	axed v	ia Payroll in UA	ccess Employee.		
Non-Employees: Value of award/prize will not be reported on a \$ \$600.00 or more. However, this payment may be taxable. Please				e University in the calendar year	is

Non-Employees who are non-resident aliens: Department providing award/prize is responsible for gross up withholding.

NOTE: Due to security sensitive data collected, this form MUST be maintained in a secure location.