Reset Form

PAYROLL VOUCHER

THE UNIVERSITY OF IOWA
HR-PAYROLL 120-30 USB

IMPORT PROFLE

Date

SECTION I PAYEE INFORMATION

Name _____ Social Security Number _____
LAST FIRST MI

Address _____
STREET ADDRESS CITY STATE ZIP

SECTION II

IS THE ABOVE PAYEE:	YES	NO
Full Time Federal Employee		
Primarily a UI Student		
University of Iowa Employee		
State of Iowa Employee (not UI)		
Relative of the Project Director		

PLEASE FILL OUT COMPLETELY. This form may be returned to you if ALL required information is not provided. If you need assistance, please print out and read the INSTRUCTION SHEET or contact Payroll.

SECTION III

IS THE ABOVE PAYEE:

A U.S. citizen or resident of the U.S. or U.S. territories? YES____ NO____
If NO, the following information is required:
VISA Type _____ Tax Residency Country _____
Permanent foreign address

CONTACT INFORMATION

DEPARTMENT NAME: _____
CONTACT PERSON: _____
CAMPUS ADDRESS: _____
CAMPUS PHONE: _____

SECTION IV

Dates of Service:	DESCRIPTION:
Begin _____ MM/DD/YY End _____ MM/DD/YY	

SECTION V

MFK to be charged:

FUND	ORG	DEPT	SDEPT	GRTPROG	IACT	OACT	DPACT	FN	CCTR	AMOUNT

FUND 510 ONLY (see instructions)

TOTAL	0.00

SECTION VI I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

_____ PROJECT DIRECTOR _____ DATE _____ COLLEGE DEAN/ADMN OFFICER _____ DATE

_____ DEPARTMENTAL EXEC OFFICER _____ DATE

PAYROLL OFFICE USE ONLY

TAX WITHHOLDING % _____
TAX AMOUNT WITHHELD _____
COUNTRY CODE _____

No 1099 reporting _____ NAMS _____
Treaty covered _____ TATT _____
30.5% tax w/h + $50 fine to MFK _____
PAYROLL APPROVAL _____

SPECIAL HANDLING INSTRUCTIONS

Person to Call _____
Phone _____