

**CONFIDENTIAL**  
**SUBJECT PAY**

Arizona State University (ASU) is required to maintain the confidentiality of information about research study participants while complying with record keeping requirements of the State of Arizona, the Internal Revenue Service (IRS), and funding agencies. The purposes of this form are to serve as documentation of the receipt of compensation associated with participation in a research study conducted by ASU personnel and to obtain information relating to IRS Form 1099 requirements. A Form 1099 will NOT be submitted to the IRS unless all payments received from ASU in a calendar year are \$600 or more. See [421-05](#) Human Subject Payments

To be completed by Subject:

1. Subject Name \_\_\_\_\_
2. Are you an ASU Employee? Yes\_\_ No\_\_ If yes, provide your ASU ID: \_\_\_\_\_
3. For Subject Pay over \$100, please provide the following to be registered as an ASU Supplier:  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Record your complete address. Sign and date the document below.  
\_\_\_\_\_  
Address City State ZIP Code
5. Are you a nonresident alien for US tax purposes?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. The Date(s) of Participation \_\_\_\_\_ Dollar amount of Subject Pay \_\_\_\_\_
7. Dollar amount of expense reimbursement \_\_\_\_\_  
\*back up documentation must be submitted such as original receipts.
8. Subject Signature: \_\_\_\_\_ Date \_\_\_\_\_

To be completed by ASU:

1. Principal Investigator Name \_\_\_\_\_
2. Principal Investigator Signature \_\_\_\_\_
3. Interviewer Name (if different from PI) \_\_\_\_\_
4. Interviewer Signature (if different from PI) \_\_\_\_\_
5. Study Name: \_\_\_\_\_
6. Cost Center: \_\_\_\_\_ Program/Grant \_\_\_\_\_