

UNIVERSITY OF HAWAII

STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND INITIAL PAYMENT REQUEST

E DOC NUMBER

Complete the following to assist in determining the tax status as recommended by the Internal Revenue Service.

- A. Does this payment require the recipient to perform certain special services outside of his/her study? Yes No
- B. If above answer is "yes", are the services required for all students in this field of study? Yes No

PAYEE'S NAME (Last name, First name, Middle Initial)	
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PAYEE'S PERMANENT MAILING ADDRESS			
ADDRESS: _____			
CITY: _____	STATE : _____	ZIP CODE: _____	

DEPARTMENT

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<p>NOTE: Use of this form does not automatically exclude the above student from tax liability. Refer all questions about tax status to the local branch of the Internal Revenue Service.</p>
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