



knowledge changing life

## Collection of Social Security Number or Individual Taxpayer Identification Number for Payments

Before the Medical College of Wisconsin (MCW) can pay you for your participation on a research study, you must provide your name, address, date of birth. If payments accrued in a calendar year on the provided MCW Payments card reach \$200, you will be required at that time to provide Social Security number (SSN) or Individual Taxpayer Identification number (ITIN). Signing this form gives MCW permission to collect and use this information for tracking payment amounts and for compliance with IRS information return filing requirements. Collecting this information does not permit MCW to use it for other, unrelated purposes.

By signing below, I agree to provide my SSN or ITIN (if accumulated annual totals necessitate) so that MCW may track my participant compensation and payments.

Address: \_\_\_\_\_  
(number, street, and apartment)

City, State, and ZIP Code: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city) (state) (zip code)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(month / day / year)

----- Admin Section -----

Protocol Number: \_\_\_\_\_