

STIPEND/FELLOWSHIP ACKNOWLEDGEMENT

(Note: For payments unrelated to University
employment or consulting contracts)

Recipient Name: _____ Net ID (if available): _____

Term: Fall 20 ____ Spring 20 ____ Summer 20 ____ Other: _____

CSUEB Student= ____ Non-Student/Non-CSUEB Employee= ____

Recipient Signature: _____ Date: _____

I acknowledge that no taxes will be withheld from the payment(s) I will be receiving. I also acknowledge that the payments I will be receiving may be reportable to the IRS on IRS Form(s) 1099-MISC or 1098-T, which California State University, East Bay, if required, will file with the IRS and mail me a copy or provide me with an electronic copy of the form(s) filed.

Financial Aid: If applicable, acceptance of this stipend/scholarship may affect your current and future financial aid package. It is your responsibility to work with Financial Aid personnel to understand the impact of this award on your financial aid.

Taxable Income: Recipients should seek the advice of a qualified tax advisor if he/she has any questions regarding the taxability of these payment(s) or deductible expenses.

I have read and accept the conditions of my stipend (unrelated to university employment/consulting):

Project Title: _____ PS Chartfield: _____

Principal Investigator: _____ Phone: _____

Principal Investigator Signature: _____ Date: _____