

# HOW TO RECEIVE YOUR JAMES MADISON UNIVERSITY COOPERATING TEACHER HONORARIUM

Thank you for hosting a James Madison University student teacher. Please complete the following after the first 2 weeks of student teaching:

**\*\*Electronic signatures are unacceptable\*\***

- Complete this link for the [Honorarium Verification Form](#).
- Complete this link for the [W-9 form](#).
  - If you haven't completed one for us in the past or your name has changed -[see directions below](#).

- Checks will be mailed to the address you provide on your documentation.

**OR**

Direct deposit is available at this time – Complete this link for the [digital disbursement enrollment form for Zelle](#). (How will you know when you received payment? See sample email and detail transaction in payee's bank account [below](#).)

- **Return** the above forms by email ([teacher-ed@jmu.edu](mailto:teacher-ed@jmu.edu)), fax (540-568-3342), or U.S. mail to:  
Education Support Center  
MSC 6915  
James Madison University  
395 South High Street  
Harrisonburg, VA 22807
- **NOTE:** Due to budgetary constraints, we will not be able to process any honorarium requests after December 30 (for fall placements) and May 15 (for spring placements).



Education Support Center  
395 South High Street, MSC  
Harrisonburg, VA 22807  
Phone: (540) 568-6274  
Fax: (540) 568-3342

## Honorarium Verification

- \*Submit an honorarium verification form for each student teacher you host.
- \*Please update or add information as necessary.

**Name:**

**SSN:**

Preferred First Name:

Home Address, City, State, Zip:

Email Address:

School:

Division:

School Address:

School Phone:

Current Teaching Assignment:

Student Teacher:

University Supervisor:

Block:

Year:

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

### Background Information

Highest Degree Earned:

Endorsement (Grade Level/Subject):

Number of Student Teachers You  
Have Had (from any institution):

Total Years of Experience:


Gender:

Birth Date:

### TAXABLE INCOME:

Honoraria are considered taxable income and will be reported to the IRS and to the state. You are responsible for reporting this income and for payment of any income or self-employment taxes.

**Instructions for Completing a Commonwealth of Virginia Substitute W-9 Form**

Form <b>W-9</b> Commonwealth of Virginia Substitute W-9 Form Revised July 2014		<b>Request for Taxpayer Identification                  Number and Certification</b>		
<input type="checkbox"/> Social Security Number (SSN)  <input type="checkbox"/> Employer Identification Number (EIN)  <b>1</b> _____		Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.		
Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)  <b>2</b> _____		Legal Name:	<b>3</b>	
		Business Name:	<b>4</b>	

**1. Tax Identification Number:**

- a. Check the box next to Social Security Number and provide the number on the dotted line.

**2. DUNS Number:** Not applicable (this is only for businesses, not individuals)

**3. Legal Name:**

- a. Full legal name of individual. This name must **be exactly what is on an individual's federal tax documents.**
- b. For an individual, the first, middle, and last name should be included. If four names then clearly specify whether it is two last names or two middle names and also whether any names are hyphenated.

**4. Business Name:**

- a. As you are completing this form for an individual (yourself), the business name is not applicable.

<b>Section 1 - Taxpayer Identification</b>	<b>5 Entity Type</b>		<b>6 Entity Classification</b>		<b>Exemptions (see instruction 7s)</b>
	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Medical Services	Exempt payee code (if any):  (from backup withholding)
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Political Subdivision	<input type="checkbox"/> Legal Services	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Joint Venture	Exemption from FATCA reporting code (if any):  _____
	<input type="checkbox"/> Trust	<input type="checkbox"/> Disregarded Entity	<input type="checkbox"/> VA Local Government	<input type="checkbox"/> Tax Exempt Organization	
	<input type="checkbox"/> Estate	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Federal Government	<input type="checkbox"/> OTH Government	
	<input type="checkbox"/> Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> VA State Agency	<input type="checkbox"/> Other	
	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Corporation			

**5. Entity Type**

- a. This is Individual.

**6. Entity Classification**

- a. This is Professional Services.

**7. Exemptions:**

- a. You may claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income, and certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.
- b. **What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting.

Contact Information			
Legal Address:	<b>8</b>	Name:	<b>10</b>
		Email Address:	<b>11</b>
City: State : Zip Code:		Business Phone:	<b>12</b>
Remittance Address:	<b>9</b>	Fax Number:	
		Mobile Phone:	<b>13</b>
City: State : Zip Code:		Alternate Phone:	

**8. Legal Address:** Enter your legal address, as recognized by the U.S. Postal Service.

**9. Remittance Address:**

- a. For payments, use the full mailing address as recognized by the U.S. Postal Service.
- b. If an additional address line uses a unit indicator, the unit type should be specified (e.g. APT, STE, BLDG, RM, etc.).

**10. Name:** Individual’s name.

**11. Email Address:** A contact email address should be provided.

**12. Business Phone:** A contact phone number should be provided.

**13. Fax Number, Mobile Phone, Alternate Phone:** A fax number, mobile phone, or alternate phone number can be provided here, if applicable.

<b>Section 2 - Certification</b>	Under penalties of perjury, I certify that:		
	<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions:</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification</p>		
	Printed Name:	<b>14</b>	
	Authorized U.S. Signature:	<b>15</b>	Date: <b>16</b>

**14. Printed Name:** The individual's name should be printed here.

**15. Authorized U.S. Signature:** The form must be **signed**. Electronic signatures or typed signatures will not be accepted.

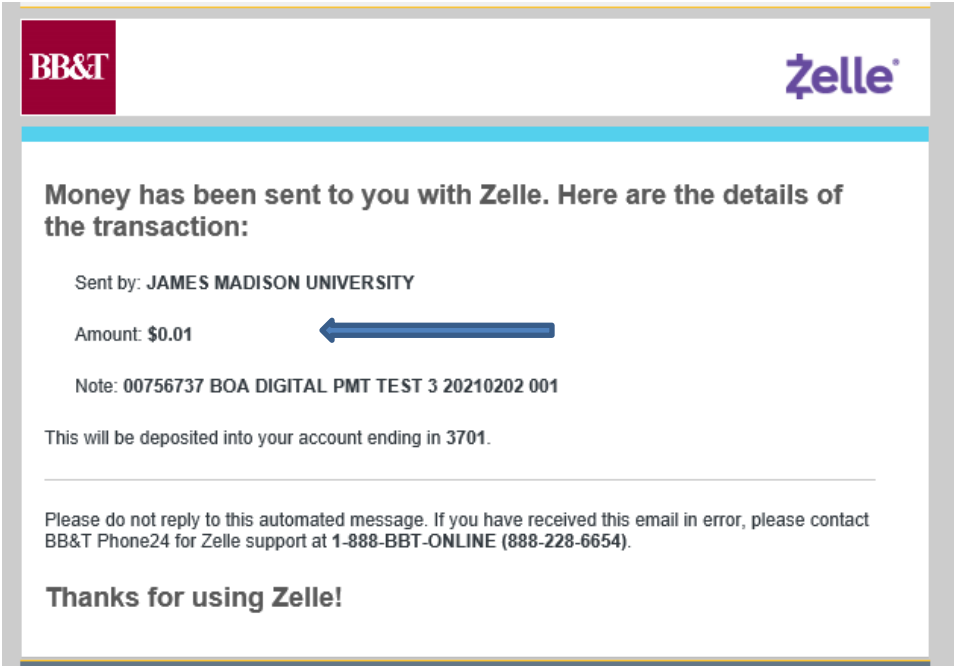
**16. Date:** The date the form is signed should be provided.

**\*\*ADDITIONAL NOTES**

- Write legibly in pen (blue or black ink only) when completing a handwritten form.
- For **forms prepared on the computer, remember to print, sign and date** the form in pen before sending. Signature and date should be in blue or black ink only.
- If highlighting, **only use a yellow colored highlighter**. All other colors cause the writing to become unreadable when scanned.

Direct Deposit Information – Zelle Payment Example

Example of Zelle Payment Transaction Email & Payment



Sample email from payee’s bank to payee.

Pending 02/08/21	ZELLE PAYMENT FROM - JAMES MADISON UNIVERSITY - PAYMENT ID BAC5a1efd858	Credit	\$0.01
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Sample detail transaction in payee’s bank account.