

**Consent Form for IRS Purposes**  
*Required Only for Research*  
*Involving Subjects Receiving Compensation for their Participation*

Coded ID number# \_\_\_\_\_ (assigned by the researcher)

Compensation received for participation in this study may be subject to income taxation according to IRS regulations. Tax reporting will be provided, when applicable, by Illinois Wesleyan University on Form 1099. For non-U.S. citizens, compensation is reportable on Form 1042.

Contact Information:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone:

Home \_\_\_\_\_ Mobile \_\_\_\_\_

e-mail address \_\_\_\_\_

Please read, check where appropriate, and sign.

To ensure accurate tax reporting, please indicate below if you receive any other form of compensation from Illinois Wesleyan University.

\_\_\_ I receive or have received other forms of compensation from Illinois Wesleyan University.

\_\_\_ I do not receive nor have I received other forms of compensation from Illinois Wesleyan University.

Are you a U.S. citizen?     \_\_\_ Yes     \_\_\_ No

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

I have received \$ \_\_\_\_\_ in the form of compensation for my participation in this study on

(date) \_\_\_\_\_ Signature \_\_\_\_\_