

GC # \_\_\_\_\_

ISO# \_\_\_\_\_

—

PRIZE AND AWARD FORM  
For Use in Reporting Prizes and Awards Recipient Information

Recipient Name \_\_\_\_\_

SSN# XXX-XX-\_\_\_\_\_  
(W-9 needed for non-employee)

OR

Street Address \_\_\_\_\_

Employee ID number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Please list the Prize or Award: \$25 on All Card

Please list date the Prize or Award was given \_\_\_\_\_

If the prize or award is cash list the dollar amount \$ \_\_\_\_\_

If the prize or award is other than cash list the dollar value: \$25.00 on All Card

***I understand the dollar value of my prize is income or wages to me and will be taxed per IRS regulations.***

Department awarding prize: University Wellness

Department Head/Chair: Kim Baker

By submitting this form, you agree to all the conditions here in.

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

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