

Office Use Only: Gift Card # _____

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 All Card Gift Certificate

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 \$ 5 x _____ = \$ _____ (max 4)

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

Department awarding prize: Wellness

Department Head/Chair: Kim Baker

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

Signature: _____

Date: _____