STUDY PARTICIPANT PAYMENT REGISTRATION FORM

Prepaid Card will be used to provide compensation to you for participating in the study titled:

_____

TO BE COMPLETED BY STUDY COORDINATOR

The last 4 digits of the card are:	Participant Legal Name (Printed)	If payment is to be made to Subject's Parent/Legal Guardian/Other, please provide LEGAL Name
DOB	Address	

Payee Signature	Date

UGA Study Team Member Issuing Card (Printed)	UGA Study Team Member Signature	Date

***By signing this receipt, I am confirming that I have/will be issued a Prepaid Card for study related payment. I understand that research participant compensation may be considered taxable income. Information regarding tax reporting and Form 1099-MISC requirements can be found at University of Georgia Policy Library:Compensation (Incentives) of Human Research Participants.**

I further understand that if required to be collected, my Tax Identification Number (Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)) will be used solely for tax reporting purposes. Study-specific information is not shared with or reported to the Internal Revenue Service.