

INFORMATION

Name of gift/prize card recipient: _____

Address of gift/prize card recipient: _____

Phone number of recipient: _____

Type of gift/prize card (e.g. Target, Best Buy, VISA, Pause): _____

Value of gift/prize card: \$ _____

Department giving gift/prize card _____ Co/Unit/Acct: _____

International Student

CERTIFICATION

I certify that I have received the gift/prize card indicated above. The value received may be taxable to me and the earnings will be reported on Form W-2. The College will not be issuing any 1099-MISC forms unless the cumulative amount received exceeds \$600.00 for the calendar year.

Name	Employee ID or Student Number
Recipient Signature	Date

Be sure to sign and date the form and return it to the Accounts Payable Office (Tomson Hall, room 131)

RECIPIENT COPY

The value of the gift/prize cards may be taxable. St. Olaf College will not be issuing a 1099-MISC unless the cumulative amounts received exceeds \$600.00 for the calendar year.

Name	Employee ID or Student Number
Type of prize:	Amount:
From (Dept of St. Olaf College):	Date: