Ryerson University

Non Resident Payment

For one time payments to employees and individuals who are not Canadian residents.
PLEASE PRINT CLEARLY

Non Resident payments are subject to a 15% withholding tax. This form is for employee payments, token payments or Guest Lecturer payments. If you are paying non resident Independent Contractors, you must process through Financial Services. Non Resident payments are made to individuals who work in Canada, but are not residents. Normally, they would not have a Social Insurance Number. The typical use of this form at Ryerson is for Guest Lecturers from outside of Canada who come to speak at the University for 1 or 2 sessions. If the work is being performed by an employee over an extended period of time, the employee must obtain a Work Permit and obtain a Social Insurance number. This form is only for one time Non Resident payments. Please contact your HR Partner for further information.

Part 1 - Payment Information

Department:	Contact Name:	Phone/Extension:
Description of service or reason for payment:		
Date(s) of Service (mm/dd/yy):		Payment Amount:

Part 2 – Payee Information

Social Insurance Number (if available):	SIN Expiry Date (if applicable):	Non-resident Social Security or Other Number:			
Last Name:	First Name:	Middle Initial:	Prefix: ☐Mr ☐Ms ☐Dr ☐Other	Sex: ☐ F ☐ M	Work Permit (*copy attached if applicable*): ☐Yes ☐No
Home Address (include postal/zip code):				Home Phone Number:	
				Other Phone Number:	
Mailing Address *if different from above* (include postal/zip code):				Email:	

Part 3 – Privacy Statement

The information on this form is collected by Ryerson University to administer payment. By providing this information, the Non Resident consents to its use for that purpose.

Part 4 – Department Authorization

I verify that the payment is for <u>non-resident earnings</u>, in accordance with Ryerson's policies, including the policy on Establishing Employee/Employer Relationships.

Department Authorized Signature: _____ Date: _____

Dean/Director Signature (if required): Date:

Distribution Code	Split:	Effective Date:
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Distribution:
Steps: (1) Copy to Payee (2) ORS (if required) _____ **Date**_____

(3) Forward to Human Resources