

CDS Chapter Tax Reporting Form



THE FOLLOWING FORMAT SHALL BE USED BY ALL CDS CHAPTERS FOR REPORTING MONIES PAID TO JUDGES, TDS, CLINICIANS, LECTURERS OR ANY PERSON PAID BY A CHAPTER FOR CHAPTER ACTIVITIES. PLEASE SEND FORM IMMEDIATELY FOLLOWING EACH EVENT

Chapter Name: _____

Chapter Chairperson: _____ Phone: _____

Chapter Treasurer: _____ Phone: _____

Type of Event: _____ Date _____

List name of:

Judge Name _____ Phone _____

Technical Delegate Name _____ Phone _____

Clinician Name _____ Phone _____

Lecturer Name _____ Phone _____

Other Name _____ Phone _____

Payee name if different than above:

Name: _____ Phone: _____

PLEASE ATTACH IRS W-9 FORM, ICC, OR SUBSTITUTE TIN REQUEST FORM

Amount paid for contracted services: \$ _____

Amount paid for other expenses: \$ _____

Other expenses include air fare, mileage, hotel, food, per diem or parking.

If you need more information, please contact the CDS Treasurer: Diana Muravez,
2552 Los Cerritos, Fallbrook, CA 92028, 760/728-6325 phone/fax

For information and the correct forms for Foreign Nationals, you must contact Diana Muravez.

It is highly advised that two separate checks should be issued for contracted services and other expenses. You should never pay anyone in cash.

Please use one form per person paid.