WOODS HOLE OCEANOGRAPHIC INSTITUTION PAYROLL OFFICE MEMORANDUM

To: Postdoctoral Scholars/Fellows Sea Grant Fellows Minority Fellows Summer Student Fellows GFD Participants JP Student Fellows (excluding GRA's) Guest Students

From: Dena Richard, Payroll Manager

Date: January 9, 2017
Re: Fellowship Payments

To determine the amount included in taxable income you will need the total of all scholarship/fellowship payments, domestic partner imputed income*, housing, travel allowance and/or other assistance provided by WHOI.

U.S. Citizens/Resident Aliens:

- WHOI does not withhold taxes from scholarship/fellowship payments (including stipend, travel, and/or housing), and **you may be required to pay federal and state estimated taxes**. These taxes must be paid quarterly on a set schedule.
- You will not receive a W-2 or 1099 form at year end. Make sure to retain your last paycheck stub (available via Employee Online on the HR website) for year-to-date information. *Access to this site is not available after checkout.
- Federal taxes: follow IRS Publication 970 Tax Benefits for Education; Publication 505 is also useful to assist in determining Estimated Tax. These documents can be found at http://www.irs.gov.
- State taxes: refer to Form 1-ES found at: www.mass.gov/dor.

Foreign Nationals (Non-resident Aliens):

- Federal tax is withheld at 14% for F-1 and J-1 visa holders and 30% for all others unless a treaty
 applies. You will receive a form 1042S in late January/early February with information about filing
 annual taxes.
- State tax is not withheld; however it is necessary to determine if you are responsible for state
 income tax and need to make estimated tax payments. These taxes must be paid quarterly on
 a set schedule. Refer to Form 1-ES found at: www.mass.gov/dor.
- If you travel in/out of the US, make sure to inform Payroll (drichard@whoi.edu). This will affect your allowable days of presence on form 8843 (provided at year end with form 1042-S) and cannot be changed once processed.

Note: All estimated taxes must be paid on time or penalties may apply (pub 505).

| Please sign this | memo to | acknowledge | your r | esponsibility | in paying | estimated t | axes. |
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| | | | | | | | |

| SIGNATURE: | DATE: |
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| PRINT: | |

^{*}If you're eligible for WHOI Medical and/or Dental benefits and choose to cover a Domestic Partner, you will receive a statement from the WHOI Benefits team in January with this amount.