

St. Louis College of Pharmacy

Gift Card Acceptance Agreement

Name (Print): _____

Address: _____

Email: _____

Last Four Digits of Recipient's Social Security# _____
(If not a STLCOP Student or Employee):

Are you a STLCOP Employee?: _____ Yes _____ No

Are you a STLCOP Student?: _____ Yes _____ No

Description of Gift Card: _____

Value of Gift Card: _____

If you are a STLCOP employee (student or staff), the value of your gift card/certificate will be added to your W-2 earnings as compensation and will be taxed accordingly.

If you are not a STLCOP employee, if you receive \$600.00 or more in gift cards/certificates from STLCOP in this calendar year, you will be required to submit a W-9 form to STLCOP. In addition, STLCOP will issue a Form 1099-MISC to report the receipt of these gifts to the IRS as other compensation.

I understand and agree to these terms and conditions.

Signature

Date

Form to be submitted to the Business Office.