

# NC STATE UNIVERSITY

## COMPLIANCE STATEMENT FOR THE AMERICAN COMPETITIVENESS AND WORKFORCE IMPROVEMENT ACT, SECTION 431

I, \_\_\_\_\_, have performed the compensated activities for honoraria payment(s). These activities occurred for 9 days or less while at NC State University.

I, \_\_\_\_\_, also have not been compensated by more than 5 other entities in the United States during the previous 6 months.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our department, \_\_\_\_\_, is sponsoring \_\_\_\_\_ at NC State University. The activities he/she is receiving compensation fall within the broad realm of customary academic activities associated with teaching, research, public service, or academic administration or operations.

Department Head  
(or designee)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

### **Instructions:**

1. Departments will complete the form and obtain signatures from both honorarium recipient and Department Head/Designee;
2. Departments will submit the completed form to Tax Compliance, University Controller's Office via email.