Supporting Information

Shu et al. 10.1073/pnas.1209746109

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Form 3305		Research Study Tax Return				Keep a copy of this return for your records.	
(Rev. June 2010)		For the period June 1, 2010, through August 30, 2010			OMB No. 1555-0111		
	h						
Center for Decision Research							
Write Clearly	Write Clearly Name					For Administrative	
						Use Only	
	Address (Number, street, and room or suite number)					Τ	
						FF	
	City, State, and ZIP code					FP	
						TL	
Part 1 Please f	l out the que	stions below to compute your taxed payment.					
		a the problem solving task (\$1 per correct matrix you solve	d in the	1			
other room)	other room)						
2. Tax on payment: Please enter the equivalent of a 20% tax on your payment (i.e., 20 cents for every dollar earned							
3. Please subtract the value specified in box 2 from value specified in box 1							
Part 2 Participa	ants will be co	ompensated for extra expenses they have incurr	red in order to	o partic	cipate in thi	s study. In Part 2, you	
are asked to estimate the costs incurred in order to participate. These costs will be deducted from your tax return.							
1. Please estimate the time it took you to come to the lab. You will be compensated \$0.10 per minute, up to a 2 4 hour maximum							
2. Please estimate the cost of your commute, if any, to come to the lab. You will be compensated up to a maximum of \$12							
3. Please add the value specified in box 4 and the value specified in box 5							
	· ·	final payment.					
1. Please add the value specified in box 3 and the value specified in box 6. This is the amount of your final 7							
payment for today's session							
Sign Here							
	▶ ▶						
	Signature Date						

Fig. S1. Tax form used in experiment 1, signature-at-the-bottom condition.

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Center for Decision Research							
Write Clearly	Name		PID			For Administrative	
						Use Only	
	Address (Nu	Address (Number, street, and room or suite number)			Т		
						FF	
	City, State, a	nd ZIP code				FP	
						TL	
		stions below to compute your taxed payment.					
1. Please enter the payment you received on the problem solving task (\$1 per correct matrix you solved in the other room)							
2. Tax on payment: Please enter the equivalent of a 20% tax on your payment (i.e., 20 cents for every dollar earned				2			
3. Please subtract the value	3. Please subtract the value specified in box 2 from value specified in box 1						
Part 2 Participants will be compensated for extra expenses they have incurred in order to participate in this study. In Part 2, you							
are asked to estimate the costs incurred in order to participate. These costs will be deducted from your tax return.							
1. Please estimate the time it took you to come to the lab. You will be compensated \$0.10 per minute, up to a 2 hour maximum				4			
2. Please estimate the cost of your commute, if any, to come to the lab. You will be compensated up to a maximum of \$12				5			
3. Please add the value specified in box 4 and the value specified in box 5				6			
Part 3 Please compute your final payment.							
1. Please add the value specified in box 3 and the value specified in box 6. This is the amount of your final payment for today's session.				7			
payment for totay's session							

Fig. S2. Tax form used in experiment 1, no-signature (control) condition.

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Center for Decision Research						
Sign Here	I declare that	I carefully examined this return and that to the best of my	knowledge and	l belief i	t is correct and	d complete.
	Signature		Date			
Write Clearly	Name		PID			For Administrative Use Only
	Address (Nu City, State, a	mber, street, and room or suite number)		T FF FP		
						I TL
		stions below to compute your taxed payment.				
		the problem solving task (\$1 per correct matrix you solved		1		
	-	lent of a 20% tax on your payment (i.e., 20 cents for every o		2		
3. Please subtract the value	ue specified in box	2 from value specified in box 1	▶	3		
^		ompensated for extra expenses they have incurr the costs incurred in order to participate. These		-	•	• •
	-	me to the lab. You will be compensated \$0.10 per minute,	· · · ·	4		
2. Please estimate the cost of your commute, if any, to come to the lab. You will be compensated up to a maximum of \$12				5		
3. Please add the value specified in box 4 and the value specified in box 5				6		
Part 3 Please	compute your	final payment.			1	
1. Please add the value sp	becified in box 3 and	nd the value specified in box 6. This is the amount of your		7		

Fig. S3. Tax form used in experiment 1, signature-at-the-top condition.

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Center for Decision Research						
Write Clearly	Name		PID			For Administrative
	Address (Nu	mber, street, and room or suite number)				Use Only T FF
	City, State, a	ind ZIP code				FP I TL
Part 1 Please	fill out the que	estions below to compute your taxed payment.				
		1 the problem solving task (\$2 per correct matrix you solved		1		
	2, you are ask income.	ed to estimate the costs incurred in order to parti	icipate. These	costs	will be de	ducted from your
	a. Please estimate the cost of the time it took you to come to the lab. You will be compensated \$0.10 per minute, 2 up to a 2 hour maximum (i.e., \$12 maximum, computed as 120 min X \$0.10 per min)					
b. Please estimate the cost of your commute, if any, to come to the lab. You will be compensated up to a maximum of \$12				3		
		nd the value specified in box 3		4		
Part 3 Please	compute your	taxable income and your taxes.				
	a. Please subtract the value specified in box 4 from the value specified in box 1. This is the amount of your 5					
b. Please compute your ta	b. Please compute your taxes by multiplying the value specified in box 5 by 50%					
Part 4 Please	compute your	final payment.				
a. Please subtract the value specified in box 6 from the value specified in box 1. This is the amount of your final 7						
Sign Here		I carefully examined this return and that to the best of my k		elief it i	is correct and	complete.
	Signature	▶_	Data			
	Signature		Date			

Fig. S4. Tax form used in experiment 2, signature-at-the-bottom condition.

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