W-9 Form University of Florida

Mail: University of Florida, Attn: Vendor Maintenance, PO Box 115350, Gainesville, FL, 32611-5350
or Fax: 352-392-0081 or Email: addvendor@ufl.edu this form.

Substitute Form W-9 Taxpayer Identification Number Request Rev. 10/2003. For payments other than interest, dividends, or Form 1099-B gross proceeds

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a $50.00 penalty imposed by the Internal Revenue Service under section 6723.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8. If you were a nonresident alien and have now become a resident alien, read the note below and attach a statement, if necessary.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Instructions:

1. Complete Part 1 by completing the one row of boxes that corresponds to your tax status
2. Complete Part 2 if you are exempt from Form 1099 reporting
3. Complete Part 3 by filling in all lines
4. Return this completed form to us in the enclosed envelope

Note to U.S. Resident Aliens who formerly were Nonresident Aliens:

If there is a tax treaty between the U.S. and your country, and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of this form AND attach a page showing:

1. The treaty country
2. The treaty article about the income
3. The article number for the "saving clause"
4. The type and amount of income that qualified for the saving clause
5. Facts that provide a sufficient explanation of why the saving clause applies

Collection and Use of Social Security Number - The request for your SSN or other Taxpayer Identification Number by UF Finance and Accounting is mandated by 26 U.S.C. 6041 and related IRS regulations. If you have questions about the collection and use of Social Security numbers at UF, please visit: http://privacy.ufl.edu/SSNPrivacy.html

Part 1 – Tax Status: (complete only one set of boxes)

Individuals:

Individual Name First name	Middle initial	Last name	Individual's Social Security Number
			- -

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Sole Proprietor (or an LLC with one owner):

Business Owner's Name: (REQUIRED)	Business Owner's Social Security Number	Business or Trade Name (OPTIONAL)
	- -	

(First Name)	(Middle initial)	or Employer ID Number
		-

(Last Name)

Partnership (or an LLC with multiple owners):

Name of Partnership	Partnership's Employer Identification Number	Partnership's Name on IRS records (see IRS mailing label)
	-	

A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

Corporation or tax exempt entity:

Legal Name of Corporation or Entity	Employer Identification Number
	-

Part 2 - Exemption: if exempt from Form 1099 reporting, check your qualifying exemption reason below.

☐ Corporation Note that there is no corporate exemption for medical and healthcare payments or payments for legal services	☐ Tax Exempt Entity under 501 (a) (includes **501 (c) (3), or IRA)**	☐ The United States or any of its agencies or instrumentalities	☐ A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies	☐ A foreign government or any of its political subdivisions or an international organization in which the United States participates under a treaty or Act of Congress

Part 3 - Certification:

Person completing this form (please print): _____ Title: _____

Tax Correspondence Address: _____ _____

_____ _____

(Remit address if different)

Telephone: (_____) _____

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. Person (including a U.S. resident Alien).

Signature of U.S. Person: _____ Date: _____

Reset