University of Florida – Vendor Tax Information Form

Collection and Use of Social Security Number - The request for your SSN or other Taxpayer Identification Number by University Disbursement Services 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 – General Information:
Name ___________________________ Taxpayer ID Number (SSN or EIN) ___________________________

Business DBA Name ___________________________

Address ___________________________

City ___________________________ State ______ Zip ______

Expenditure Type:

☐ Guest Speaker  ☐ Research Participant  ☐ Exam Proctor

For these expenditure types, skip Part 3 of this form.

Part 2 - Tax Status:

☐ Individual – If the vendor is a current/former UF employee, provide UFID, current job title and a brief description of the current UF job duties:
UFID: ___________________________ Title: ___________________________ Duties (describe or attach a copy of the current job description):

☐ Sole Proprietor (or an LLC with one owner) – The Taxpayer ID Number listed above must match the name given on the “Name” line to avoid backup withholding.

☐ Partnership (or an LLC with multiple owners)

☐ Corporation or tax exempt entity

Part 3 – Employee/Independent Contractor Determination for services provided: (Attach any supporting documentation to the form)

1. Briefly describe the work/service to be provided (include a copy of any contract, memorandum of understanding or scope of services, etc.):

2. Are you a former/current UF employee? ☐ No ☐ Yes
   If yes, approximate date of termination:
   If yes, will the proposed work/service be the same or similar to the work you performed while a UF employee? ☐ No ☐ Yes

3. Does the work/service involve teaching of students? ☐ No ☐ Yes
   If yes, the course is ☐ for degree credit ☐ not for degree credit
   Please see UF Policy: (http://www.aa.ufl.edu/Data/Sites/18/media/policies/independent_contractors_policy.pdf)

4. When will the work/service be performed? Start Date: __________ End Date: __________
   Frequency/Duration: ___________________________

5. Where will the work/service be provided (from home, UF-provided workspace/office, etc.)?

6. What training, instruction, and supervision will you be provided by UF regarding the proposed work/service? (Please describe.)


7. Will UF provide supplies, equipment, materials, or tools to accomplish the work/service?  [ ] No  [ ] Yes (Please describe.)

8. Do you perform similar work/service for other clients or customers in a business capacity?  [ ] No  [ ] Yes

9. Will you be reimbursed for any expenses that you incur while performing the proposed work/service?  [ ] No  [ ] Yes (Please describe)

10. What is the total expected compensation for the work/services performed?  Actual___________ Projected ___________

11. How will costs be billed and paid (invoice based on actuals, per task completion, hourly rate, etc.) and at what payment frequency?

Part 4 – Certification:

Under penalties of perjury, I certify that:

1. The taxpayer identification number provided on this form is correct (or I am waiting for a TIN 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).

As a vendor performing service for the University of Florida, I understand that I am not covered under the State of Florida Worker's Compensation Law (F.S. 440) and it is my responsibility to obtain personal liability insurance. I am also aware that all taxes attributable to any service that I render to the University of Florida are my responsibility.

Signature of U.S. Person (Payee)  Phone  Date

ANY TAXES, INTEREST OR PENALTIES ASSESSED AGAINST THE UNIVERSITY OF FLORIDA BY THE IRS DUE TO MISCLASSIFICATION OF AN INDIVIDUAL AS AN INDEPENDENT CONTRACTOR WILL BE PAID BY THE DEPARTMENT AUTHORIZING THE CONTRACTUAL RELATIONSHIP.

Univ. of FL Department

Univ. of FL Dean, Director, Chairperson Name or Designee  Signature  Date

Once completed, please return to the UF department you are currently working with. The department will be responsible for obtaining the appropriate signature of their department chair, dean, or director and submitting the form to Vendor Maintenance.