

University of Florida – Vendor Tax Information Form

<p>Use this form ONLY if you are a U.S. person or entity (including U.S. resident alien).</p> <p>If you are a foreign person or entity, complete Form W-8BEN.</p>	<p>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</p>
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Part 1 – General Information:

Name _____ Taxpayer ID Number (SSN or EIN) _____

Business Name (DBA) _____

Address _____

City _____ State _____ Zip _____

Expenditure Type:

For these expenditure types, skip Part 5 of this form.			
<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Research Participant	<input type="checkbox"/> Exam Proctor	<input type="checkbox"/> Other: _____

Part 2 - Tax Status:

Individual – If the vendor is a current 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 – Exemption: (If you are exempt from Form 1099 reporting, check your qualifying exemption reason below.)

<input type="checkbox"/> Corporation Note that there is <u>no</u> corporate exemption for medical and healthcare payments or payments for legal services	<input type="checkbox"/> Tax Exempt Entity under 501(a) (includes 501 (c) (3), or IRA)	<input type="checkbox"/> The United States or any of its agencies or instrumentalities	<input type="checkbox"/> A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies	<input type="checkbox"/> 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
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Part 4 – Minority Status:

Non-minority
 Non-certified minority
 Certified minority
 Certified by: _____

African-American
 Hispanic
 Asian/Hawaiian
 Native-American

Woman-owned
 Non-certified
 Certified
 Certified by: _____

Part 5 – Employee/Independent Contractor Determination for services provided: (Attach any supporting documentation to the form)

- Briefly describe the work/service to be provided: _____
- Are you a former UF employee? ___No ___Yes If yes, will the proposed work/service be the same or similar to the work you performed while a UF employee? ___No ___Yes
- Does the work/service involve teaching? ___No ___Yes (If yes, the course is ___ for credit ___ not for credit.)
- When will the work/service be performed (start/end dates, frequency, duration)? _____
- Where will the work/service be provided (from home, UF-provided workspace/office, etc.)? _____
- What training, instruction, and supervision will be provided by UF regarding the proposed work/service? (Please describe.) _____

