

# University of Florida – Vendor Tax Information Form

<p>Use this form <b>ONLY</b> if you are a <b>U.S. person or entity</b> (including U.S. resident alien).</p> <p>If you are a <b>foreign person or entity</b>, complete Form W-8BEN.</p>	<p><b>Collection and Use of Social Security Number</b> - 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: <a href="http://privacy.ufl.edu/SSNPrivacy.html">http://privacy.ufl.edu/SSNPrivacy.html</a></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.)  
 \_\_\_\_\_  
 \_\_\_\_\_

