

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) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Payment type: **ACH (Direct to your bank)** _____ **EPayables** _____

Expenditure Type:

For these expenditure types, skip to Part 3 of this form.		
<input type="checkbox"/> Guest Speaker	<input type="checkbox"/> Human Subject - HSP	<input type="checkbox"/> Exam Proctor

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

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

- 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 If yes, approximate date of termination: _____
- Does the work/service involve teaching of students? No Yes If yes, the course is for degree credit not for degree credit (http://www.aa.ufl.edu/Data/Sites/18/media/policies/independent_contractors_policy.pdf)
- When will the work/service be performed? Start Date: _____ End Date: _____
 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.)

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

- Do you perform similar work/service for other clients or customers in a business capacity? No Yes
- Will you be reimbursed for any expenses that you incur while performing the proposed work/service? No Yes (Please describe)

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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?
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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.

UF Departments Mail to:
Vendor Maintenance
PO Box 115350
Gainesville, FL 32611-5350
Fax: 352-392-0081
eMail: addvendor@ufl.edu

**UNIVERSITY OF FLORIDA DOMESTIC ELECTRONIC
PAYMENT AUTHORIZATION**
Alan M. West, University Controller
PLEASE TYPE OR PRINT CLEARLY

****Please note that in order to add your ACH information we must have one of the following forms of account verification:**

1. A voided check which confirms the account/routing number on your form. No starter checks accepted.
2. A copy of the bank statement that lists and confirms the account #, Bank name/routing # and account holder's name.

Your Tax Identification Number

**ALL FIELDS
REQUIRED!**

Legal Name

Address (Number, Street)

City

State

Zip Code

Telephone
()

Fax
()

Action Requested
(Check Only One)

- (1) Start
- (2) Change
- (3) Stop
- (4) Name Change Only

Account Type
(Check Only one)

- (1) Checking
- (2) Savings

Your Account Number

Transit Routing Number of Your Financial Institution

Name of Your Financial Institution

Telephone Number of Your Financial Institution
()

Signature

Date

Email address for Remittance Advice

THIS FORM MUST BE SIGNED AND DATED BY PAYEE Signature
above signifies acceptance of the terms and conditions in the
AGREEMENT to the right.

PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS!
For a Start or Change of electronic payment all boxes
must be completed.
Do not leave information blank!

This form will start, change, or stop electronic payment for all payments received by you from the University of Florida. This does not apply to employee salary payments.

Name:

Please be sure your last name on this form matches the last name on the W-9 on file with Purchasing and Disbursement Services Office. Your electronic payment will not start if the last names do not match.

Action Requested:

- (1) Check **Start** if you don't have electronic payments and wish to.
- (2) Check **Change** if you have electronic payments and wish to change your financial institution or just your account number or account type (checking or savings). Your current electronic payment is stopped when a change request is received. While the change is being processed, you will be paid by warrant (check).
- (3) Check **Stop** if you wish to stop your electronic payment.
- (4) Check **Name Change Only** if you are changing only your name to correspond to your W-9. Complete the top portion of the form and sign and date it.

Account Number:

Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.

Transit Routing Number:

This is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of your checks.

AGREEMENT

I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:

- (a) Written notification to the University;
- (b) death or legal incapacity;
- (c) the financial institution or
- (d) the University of Florida.

Special Note:

Please make sure your electronic payment has stopped before closing your account. Otherwise, the funds will be returned to the University and cause a delay before you receive your payment in the mail.

****Please note that in order to add your ACH information we must have one of the following forms of account verification:**

- 1). A voided check which confirms the account/routing number on your form. No starter checks accepted.
- 2). A copy of the bank statement that lists and confirms the account #, Bank name/routing # and account holder's name.

Please return completed form with account verification attached to:

Fax: 352-392-0081

Or mail to: University of Florida
ATTN: Vendor Maintenance
PO Box 115350
Gainesville, FL 32611-5350
Telephone: (352) 392-1241