## **University of Florida – Vendor Tax Information Form**

| Use this form ONLY if you are a <b>U.S. person or entity</b> (including U.S. resident alien).  If you are a <b>foreign person or entity</b> , complete Form W-8BEN.  | 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: <a href="http://privacy.ufl.edu/SSNPrivacy.html">http://privacy.ufl.edu/SSNPrivacy.html</a>  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Part 1 – General Information:  Name  | Taxpayer ID Number (SSN or EIN)  |  |  |  |  |  |
| Business Name (DBA)  |  |  |  |  |  |  |
| Address  |  |  |  |  |  |  |
| City   |  |  |  |  |  |  |
| Expenditure Type:  |  |  |  |  |  |  |
| For these expenditure types, skip Part 5 of this form.   |  |  |  |  |  |  |
| ☐ Guest Speaker ☐ Research Participant ☐ Exam Procto   | or Other:  |  |  |  |  |  |
| Part 2 - Tax Status:  Individual – If the vendor is a current UF employee, provide UFID, current job  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 Partnership (or an LLC with multiple owners) Corporation or tax exempt entity  Part 3 – Exemption: (If you are exempt from Form 1099 reporting the content of the c | r listed above must match the name given on the "Name" line to avoid backup withholding.  In the state of the |  |  |  |  |  |
| □ 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)  □ Tax Exempt Entity under 501(a) (includes 501 (c) (3), or IRA)  □ Tax Exempt Entity under 501(a) (includes 501 (c) (3), or IRA)  □ Tax Exempt Entity under 501(a) (includes instrumentalis instrumentalis   | ncies or Columbia, a possession any of its political subdivisions  |  |  |  |  |  |
| Part 4 – Minority Status:  Non-minority Non-certified minority   | Certified minority Certified by:   |  |  |  |  |  |
|  | an/Hawaiian Native-American  |  |  |  |  |  |
| Woman-owned Non-certified  | Certified Certified by:  |  |  |  |  |  |
| 2 art 5 – Employee/Independent Contractor Determination for services provided: (Attach any supporting documentation to the form)  1. Briefly describe the work/service to be provided:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| a UF employee?NoYes  | proposed work/service be the same or similar to the work you performed while   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 5. Where will the work/service be provided (from home, UF-provided v   | Where will the work/service be provided (from home, UF-provided workspace/office, etc.)?   |  |  |  |  |  |
| 6. What training, instruction, and supervision will be provided by UF re   | 6. What training, instruction, and supervision will be provided by UF regarding the proposed work/service? (Please describe.)  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |  |

| 7.                        | Will UF provide supplies, equipment, materials, or too   | ls to accomplish the work/service?                                       | NoYes (Please de   | escribe.)                                     |  |
|---------------------------|--|--|--|---|--|
| 8.                        | Do you perform similar work/service for others?  | NoYes  |  |   |  |
| 9.                        | 9. Will you be reimbursed for any expenses that you incur while performing the proposed work/service?NoYes (Please describe.)  |  |  |   |  |
| Part 6                    | - Certification:   |  |  |   |  |
| Under p                   | enalties of perjury, I certify that:   |  |  |   |  |
| 2. I am<br>(IRS)<br>subje | taxpayer identification number provided on this form is on not subject to backup withholding because (a) I am exe that I am subject to backup withholding as a result of fact to backup withholding.  a U.S. Person (including a U.S. resident alien). | mpt from backup withholding, or (b)                                      | I have not been notified by the                                    |   |  |
| (F.S. 44)                 | ndor performing service for the University of Florida, I ur<br>0) and it is my responsibility to obtain personal liability ir<br>ty of Florida are my responsibility.  | iderstand that I am not covered und isurance. I am also aware that all t | er the State of Florida Worker<br>axes attributable to any service | 's Compensation Law<br>e that I render to the |  |
| Signature                 | of U.S. Person (Payee)   | Phone  |  | Date  |  |
|                           | ES, INTEREST OR PENALTIES ASSESSED AGAINST<br>AL AS AN INDEPENDENT CONTRACTOR WILL BE P  |  |  |   |  |
| Univ. of FI               | L Department   |  |  |   |  |
| Univ. of Fl               | L Dean, Director, Chairperson Name or Designee   | Signature  |  | Date  |  |
|                           | npleted, please return to the UF department you are cur<br>partment chair, dean, or director and submitting the for  |  | nt will be responsible for obtain                                  | ning the appropriate signature                |  |
|                           | endor Maintenance<br>O Box 115350  |  |  |   |  |

Gainesville, FL, 32611-5350 Fax: 352-392-0081 eMail: addvendor@ufl.edu