

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 to Part 3 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 – 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, 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
- 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)
- 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 you 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

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 at:

Departments Mail to:

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