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

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| Use this form ONLY if you are a **U.S. person** **or entity** (including U.S. resident alien).  If you are a **foreign person or entity**, 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: <http://privacy.ufl.edu/SSNPrivacy.html> |

**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. | | |  |
| 🞎 Guest Speaker | 🞎 Research Participant | 🞎 Exam Proctor | 🞎 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* **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.)

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| 🞎 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) | 🞎 The United States or any of its agencies or instrumentalities | 🞎 A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies | 🞎 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 |

**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)

1. Briefly describe the work/service to be provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. 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

1. Does the work/service involve teaching? \_\_\_\_No \_\_\_\_Yes (If yes, the course is \_\_\_\_ for credit \_\_\_\_ not for credit.)
2. When will the work/service be performed (start/end dates, frequency, duration)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Where will the work/service be provided (from home, UF-provided workspace/office, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What training, instruction, and supervision will be provided by UF regarding the proposed work/service? (Please describe.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Will UF provide supplies, equipment, materials, or tools to accomplish the work/service? \_\_\_\_No \_\_\_\_Yes (Please describe.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you perform similar work/service for others? \_\_\_\_No \_\_\_\_Yes
2. Will you be reimbursed for any expenses that you incur while performing the proposed work/service? \_\_\_\_No \_\_\_\_Yes (Please describe.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 6 – 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:

Mail: Vendor Maintenance

PO Box 115350

Gainesville, FL, 32611-5350

Fax: 352-392-0081 eMail: [addvendor@ufl.edu](mailto:addvendor@ufl.edu)