

**PAYEE INFORMATION FORM-SUBSTITUTE W-9/FOREIGN VENDOR INFORMATION FORM**

**Section I. This section required for all entities**

1. Name (as shown on your income tax return) \_\_\_\_\_

2. Business Name/disregarded entity name, if different from above \_\_\_\_\_

3. Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(number, street, and apt. or suite no.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**5. Exemptions** (codes apply only to certain entities, not individuals; see instructions on page 2).  
 Enter Exempt Payee Code (if any): \_\_\_\_\_  
 Exemption from FATCA reporting code (if any): \_\_\_\_\_  
 (applies to accounts maintained outside the U.S.)

Foreign Address: \_\_\_\_\_

(Enter foreign city, province or state, foreign postal code, and country)

Email Address: \_\_\_\_\_

4. Taxpayer Identification Number (TIN) The TIN provided must match the name given on line 1 to avoid backup withholding.

\*SSN or ITIN \_ \_ \_ - - \_ \_ - - \_ \_ \_ \_ Employer Identification Number (EIN) \_ \_ - - \_ \_ \_ \_ \_ \_ \_ \_

**Individuals complete Part I & IV, Partnerships complete Part II & IV, Corporations or other Entities complete Part III & IV**

**Part I. INDIVIDUAL OR SOLE PROPRIETOR** (Check **one** of the following)

(Individuals/sole proprietors MUST provide a copy of social security card or photo id)

A.  **I - Individual** *(not owning a business)*

**S - Sole Proprietor of Business** (May also provide an EIN in Section 1, line 4, for tax reporting, if desired, see Taxpayer Name & Number on back)

**S - Single Member LLC or Single Member LLC that is disregarded (must provide SSN only)**

B. **Citizenship Status:** I attest under penalties of perjury that I am (check **one** of the following):

A citizen or national of the United States. *Provide SSN in section 1, line 4.*

A Nonresident Alien (Complete C. below). *Provide SSN or ITIN in section 1, line 4, if applicable.*

A Lawful Permanent Resident. Provide Alien #: \_\_\_\_\_ and provide SSN in section 1, line 4.

C. **Nonresident Alien Information** - If you do not have an SSN or ITIN, check here

Citizen of: \_\_\_\_\_ Number of Days in the U.S.A. this calendar year: \_\_\_\_\_

Permanent Resident of: \_\_\_\_\_ Number of Days in the U.S.A. in the past 12 months: \_\_\_\_\_

Email [oa.ic@austin.utexas.edu](mailto:oa.ic@austin.utexas.edu) with your current visa status if you need a current year tax residency or income tax treaty determination.

**Part II. P - PARTNERSHIP**

*Enter two partner's names and Social Security Numbers. If either partner is a corporation, provide the corporation's EINs below. Also provide the partnerships's EIN in section 1, line 4.*

Partner's Name \_\_\_\_\_ \*SSN/EIN \_ \_ \_ - - \_ \_ - - \_ \_ \_ \_

Partner's Name \_\_\_\_\_ \*SSN/EIN \_ \_ \_ - - \_ \_ - - \_ \_ \_ \_

**P - LLC THAT FILES AS A PARTNERSHIP** *(Provide EIN in section 1, line 4)*

**Part III. CORPORATION, LLC THAT FILES AS A CORPORATION, OR OTHER ENTITY** (Check **one** of the following)

T - Texas Corporation or Texas LLC that files as a Corporation

A - Texas Professional Association

C - Texas Professional Corporation

L - Texas Limited Partnership

LLC Disregarded Entity. Also enter the Tax Classification:  (P=partnership, T=Texas Corporation or O=Out of state corporation)

Note: for a single-member LLC that is disregarded, do not check this section, check Single Member LLC in Part I

If T, A, C, or L is checked, enter Texas File Number \_ \_ \_ \_ \_

O - Out of State Corp, Out of State LLC that files as a Corp, Out of State Professional Association, Out of State Professional Corp or Out of State Limited Partnership

G - Governmental entity

U - State agency / University

F - Financial Institution

R - Foreign Business *(outside the U. S. A.)*

N - Other \_\_\_\_\_ (Description Required)

*\*Disclosure of your Social Security Number is required. Refer to pg 2, General Instructions, of the State of Texas Application for Texas Identification Number, [https://www.dps.texas.gov/dem/documents/dr\\_pa\\_forms/dr\\_pa\\_fins\\_application.pdf](https://www.dps.texas.gov/dem/documents/dr_pa_forms/dr_pa_fins_application.pdf)*

**Part IV.CERTIFICATION. This section required for all entities.** Check and sign only **one** of the following certifications.

**Certification for U.S. CITIZENS and LAWFUL PERMANENT RESIDENTS only**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number 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 a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and** 3. I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev December 2014), **and** 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item 2 (above) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**PAYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Certification for NON-U.S. INDIVIDUALS and NON U.S. ENTITIES only**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that I am the individual who is the beneficial owner of the income or an authorized agent of the beneficial owner, **and** the individual or organization on Section 1 is not a U.S. person or a U.S. organization. I agree that I will submit a new form within 30 days if any information on this form becomes incorrect.

**PAYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Univ of Texas Dept Contact Name:** \_\_\_\_\_ **Contact's Email Address:** \_\_\_\_\_

**Vendor:** Return signed form to the UT department who sent you the form.

**Departments:** Submit completed form to the Vendor ID Section. For instructions on submitting completed forms and creating GGV documents visit <https://purchasing.utexas.edu/ap/vendor-identification-vid-section>

*Are you a state-certified Historically Underutilized Business (HUB)? Yes \_\_\_ No \_\_\_ If not, do you qualify? Yes \_\_\_ No \_\_\_ (If Yes, see below for details)*

**INSTRUCTIONS AND INFORMATION**

**Purpose of Form:** An organization that is required to file an information return with the IRS must obtain your correct Taxpayer Identification Number (TIN) in order to report income paid to you. The TIN is either the payee's Social Security Number (SSN) or Employer Identification Number (EIN) or, for foreign individuals residing but not working inside the United States, an Individual Taxpayer Identification Number. Nonresident alien information must be obtained to determine the payee's tax status for compliance with IRS withholding and reporting requirements. The additional information for other payee types is needed to satisfy State of Texas requirements for establishing vendor records. Also see <https://www.irs.gov/pub/irs-pdf/fw9.pdf> for detailed instructions.

**Taxpayer Name and Number Specific Instructions:** To prevent payments from being subject to backup withholding, you must provide a correct TIN. A TIN is considered incorrect if the name and TIN combination does not match or cannot be found on IRS or Social Security Administration (SSA) records.

**Exemptions:** See <https://www.irs.gov/pub/irs-pdf/fw9.pdf> for detailed instructions.

**Historically Underutilized Businesses (HUB):** The State of Texas is encouraging state agencies to utilize these businesses. You or your firm qualifies if 51% owned by a person or persons who have been historically underutilized because of their identification as a member of certain groups: Black Americans, Hispanic Americans, Asian-Pacific Americans, Native Americans, or Women-any ethnicity. Vendor inquiries concerning HUB certification should contact the UT Austin HUB/SB Program at [hub@austin.utexas.edu](mailto:hub@austin.utexas.edu), 512-471-2851. With few exceptions, under TEX.GOV'T.CODE ANN. sec. 559.003 (1)(2) & (3) (Vernon Supp. 1992), you are entitled to request to be informed about the information that the university collects, under Sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information, and under Section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.