

## W-9 Form University of Florida

You may fill these forms out on-line, print them, and send them by mail, fax or email to Vendor Maintenance:

Mail: University of Florida, Attn: Vendor Maintenance, PO Box 115350, Gainesville, FL, 32611-5350

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

If you need assistance with these forms you can contact us via email at [addvendor@ufl.edu](mailto:addvendor@ufl.edu)

**Form W-9** Taxpayer Identification Number Request Rev. 10/2003 For payments other than interest, dividends, or Form 1099-B gross proceeds  
**Substitute Form FA-PDS-W9**

<p>Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service under section 6723.</p>	<p>Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8. If you were a nonresident alien and have now become a resident alien, read the note below and attach a statement, if necessary</p>
<p>Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.</p>	<p><b>Note to U.S. Resident Aliens who formerly were Nonresident Aliens:</b></p> <p>If there is a tax treaty between the U.S. and your country, and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of this form AND attach a page showing:</p> <ol style="list-style-type: none"> <li>1. The treaty country</li> <li>2. The treaty article about the income</li> <li>3. The article number for the "saving clause"</li> <li>4. The type and amount of income that qualified for the saving clause.</li> <li>5. Facts that provide a sufficient explanation of why the saving clause applies.</li> </ol>
<p><b>Instructions:</b></p> <ol style="list-style-type: none"> <li>1. Complete Part 1 by completing the <u>one row of boxes</u> that corresponds to your tax status.</li> <li>2. Complete Part 2 if you are exempt from Form 1099 reporting.</li> <li>3. Complete Part 3 by filling in all lines.</li> <li>4. Return this completed form to us in the enclosed envelope.</li> </ol>	

**Part 1 – Tax Status:** (complete only one row of boxes)

**Individuals:**  
(Fill out this row)

Individual Name: First name	Middle initial	Last name	Individual's Social Security Number
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A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

**Sole Proprietor**  
(or an LLC with one owner):  
(Fill out this row)

Business Owner's Name: (REQUIRED)	Business Owner's Social Security Number	Business or Trade Name (OPTIONAL)
(First Name)	(Middle initial)	or Employer ID Number
(Last Name)		

**Partnership**  
(or an LLC with multiple owners):  
(Fill out this row)

Name of Partnership	Partnership's Employer Identification Number	Partnership's Name on IRS records <i>(see IRS mailing label)</i>
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A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

**Corporation or tax exempt entity:**  
(Fill out this row)

Legal Name of Corporation or Entity:	Employer Identification Number
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**Part 2 – Exemption:** If exempt from Form 1099 reporting, check your qualifying exemption reason below:

<input type="checkbox"/> Corporation Note that there is <u>no</u> corporate exemption for medical and healthcare payments or payments for legal services.	<input type="checkbox"/> Tax Exempt Entity under 501(a) ( <i>includes 501 (c) (3), or IRA</i> )	<input type="checkbox"/> The United States or any of its agencies or instrumentalities	<input type="checkbox"/> A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies	<input type="checkbox"/> 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
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**Part 3 – Certification:**

Person completing this form (please print): \_\_\_\_\_ Title: \_\_\_\_\_

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 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).

Signature of U.S. Person: \_\_\_\_\_ Date: \_\_\_\_\_

Remit address if different:

Tax Correspondence Address: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_