

University of Florida – Supplier Tax Information Form

Use this form ONLY if you are a **U.S. person or entity** (including U.S. resident alien).

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>

If you are a **foreign person or entity**, please contact payroll-services@ufl.edu.

Part 1 – General Information:

Name _____ Taxpayer ID Number (SSN or EIN) _____

Business Name (DBA) _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Payment type (Please select/checkmark method): **ACH (Direct to your bank)** **EPayables**

Expenditure type:

For these expenditure types, skip to Part 4 of this form. If none of these apply, continue to part 2.

Guest Speaker Human Subject - HSP Exam Proctor Royalty

Part 2 - Tax Status:

Individual – If the supplier is a current UF employee, provide UFID, current job title and a brief description of the current UF job

UFID: _____ Title: _____ Duties: _____

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)

1. Briefly describe the work/service to be provided (include a copy of any contract, memorandum of understanding or scope of services, etc.):

Royalties for UFRF

2. 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 If yes, approximate date of termination:

3. Does the work/service involve teaching of students? No Yes If yes, the course is for degree credit not for degree credit (http://www.aa.ufl.edu/Data/Sites/18/media/policies/independent_contractors_policy.pdf)

4. When will the work/service be performed? Start Date: _____ End Date: _____

Frequency/Duration: _____

5. 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 regarding the proposed work/service? (Please describe.)

7. Will UF provide supplies, equipment, materials, or tools to accomplish the work/service? No Yes(Please describe.

8. 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 – Authorized UF Users (if any):

Suppliers must complete this section to authorize a UF employee to manage their supplier profile. This authorization is valid for one year.

By completing this form, I authorize the UF employee(s) listed below to become a(n) authorized user(s) to access my supplier profile.

UFID:	Name:	Email:
UFID:	Name:	Email:
UFID:	Name:	Email:

Part 5 – 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).
4. As a supplier 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)	_____ Print Name	_____ Phone	_____ Date
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Once completed, please be sure to attach this form to your online portal registration.

University of Florida

HUMAN TRAFFICKING ATTESTATION

Name of Entity: _____ (“Nongovernmental Entity”)

This form must be completed by an officer or representative of a nongovernmental entity executing, renewing, or extending a contract with The University of Florida, a governmental entity of the State of Florida, (“Governmental Entity”) in compliance with Section 787.06(13), Florida Statutes.

I acknowledge that Section 787.06(13), Florida Statutes requires that, when a contract is executed, renewed, or extended between a nongovernmental entity (you) and a governmental entity (us) in the State of Florida, the nongovernmental entity must provide the governmental entity with an affidavit that Nongovernmental Entity does not use **coercion to employ any person for labor or services**.

Coercion includes, without limitation, the use of express or implied physical threats of violence or reprisal, extortion, fraud or other intimidation behavior that puts a person in immediate fear of the consequences in order to compel that person to act against his or her will.

This signed attestation is provided to Governmental Entity to comply with that requirement.

If, at any time in the future, Nongovernmental Entity does use coercion for labor or services, Nongovernmental Entity will immediately notify Governmental Entity and no contracts may be executed, renewed, or extended between the parties.

This attestation is made for the benefit of, and reliance by, Governmental Entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name:

Title:

Signature:

Date: