Please find the Supplier Tax Information and ACH payment form and fill out the <u>highlighted sections</u>. Other parts can be skipped. If you are a current UF employee, please also skip the Electronic Payment Authorization form on the last page.

**\*\***If you are a foreign inventor, please contact <u>ufrf@research.ufl.edu</u> for a different form.

U.S. 1	this form ONLY if you a	are a U.S. person or ent				Security Number - The re	
	resident alien).	-	r T	mandated by 26	U.S.C. 6041	Number by University Di and related IRS regulati	ions. If you have
lf you	u are a <b>foreign person</b>	or entity, complete For		questions about	the collectior	and use of Social Secu	rity numbers at U
				By checkina th	e box to th	e left and signing, I he	ereby authorize
				UF departmer	t I'm workir	g with to complete an	d submit the UF
Part	t 1 – General Info	rmation:		Supplier Porta	i registratio	n, including ACH infor	rmation on my b
Nam	ie			Ta:	cpayer ID Nu	mber (SSN or EIN)	
Busir	ness Name (DBA)					Date of Birth	
Addr	ress						
Ci	ity				State	Zip	
				ant to second bould			
Payı	ment type (Please sele	ect/checkmark method):	ACH (Dire	ect to your ban	()	EPayables	
Expe	enditure type:						
Fo	or these expenditure ty	pes, skip to Part 4 of this	s form. If none	of these apply, c	ontinue to pa	art 2.	
	Guest Speaker	Human Subjec	t - HSP	🗆 Exam P	roctor	Royalty	
Part	t 2 - Tax Status:						
_							
	Individual - If the sup	pplier is a current UF emplo	yee, provide UFI	D, current job title	and a brief de	scription of the current UF	job
	Ŋ.						
	<mark>):</mark>		Title:		Dutie	s:	
Dutie	es (describe of attach a	a copy of the current job	description):				
_		an LLC with one owner) LC with multiple owner exempt entity		D Number listed abov	ve must match th	ne name given on the "Name" li	ine to avoid backup wi
Part docu	t 3 – Employee/In Imentation to the form)	dependent Contra	ctor Determ	nination for s	services p	rovided: (Attach any	supporting
docu ies <sup>1</sup> tor	t 3 – Employee/In mentation to the form) Briefly describe the v etc.):	vork/service to be provide	ed (include a co	nination for s	services p	rovided: (Attach any	supporting r scope of service
Part docu	t 3 – Employee/In Imentation to the form) Briefly describe the v etc.):	work/service to be provide	ed (include a co	nination for s	services p	rovided: (Attach any	supporting r scope of service
docu ies <sup>1</sup> tor	t 3 – Employee/In Imentation to the form) Briefly describe the v etc.):	vork/service to be provide	ed (include a co	nination for s	services p	rovided: (Attach any	supporting r scope of service
docu ies <sup>1</sup> tor	Briefly describe the v etc.): Are you a former UF	employee? No Composed No Compo	ed (include a co	ppy of any contra	vork/service l	dum of understanding or	r scope of service
docu jes <sup>for</sup>	Are you a former UF performed while a UI Does the work/service	work/service to be provide	ed (include a co Yes If yes, wi Yes If yes, apj idents? 🗖 No	Il the proposed v proximate date o	vork/service l f termination	dum of understanding of	r scope of service
docu jes <sup>for</sup>  2.	Are you a former UF performed while a UI Does the work/servic (http://www.aa.ufl.ed	work/service to be provide employee?  No F employee?  No ce involve teaching of stu	ed (include a co Yes If yes, wi Yes If yes, ap Idents?  No olicies/independ	Il the proposed v proximate date c Sent contractors	vork/service l f termination he course is policy.pdf)	dum of understanding of be the same or similar to for degree credit	r scope of service
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docu ies for  2. 3. 4.	Are you a former UF performed while a UI Does the work/servic (http://www.aa.ufl.ed When will the work/s Frequency/Duration: Where will the work/s	work/service to be provide employee? No S F employee? No S ce involve teaching of stu u/Data/Sites/18/media/po ervice be performed? S	ed (include a co Yes If yes, wi Yes If yes, ap Idents?  No olicies/independ Start Date: n home, UF-pro	Il the proposed w proximate date c Yes If yes, the contractors	vork/service   f termination he course is policy.pdf) End Date e/office, etc.)	dum of understanding or be the same or similar to import to the same or similar to for degree credit import e:?	r scope of service

7. Will UF provide supplies, equipment	materials, or tools to accomplish the work/service?	No	Y
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8. Do you perform similar work/service for other clients or customers in a business capacity?				
9. Will you be reimbursed for any expenses that you incur while performing the proposed	d 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, hour	ly rate, etc.) and at what payment frequency?			
Part 4 – Certification:				
Under penalties of perjury, I certify that:				
<ol> <li>The taxpayer identification number provided on this form is correct (or I am waiting for a</li> <li>I am not subject to backup withholding because (a) I am exempt from backup withholdin Revenue Service (IRS) that I am subject to backup withholding as a result of failure to re</li> </ol>	g, or (b) I have not been notified by the Internal			

- 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 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 (	Pa	vee)	
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Phone

Date

Once completed, please be sure to attach these forms to your online portal registration.

If you are a current UF employee (\_\_\_\_\_\_), you may stop here. Royalty Payments will be made to the bank account on file.

If you are not a current UF employee, please complete the next page.

PAYMENT A Olga Weider, U	A DOMESTIC ELECTRONIC UTHORIZATION niversity Controller OR PRINT CLEARLY	PLEASE READ AND CAREFULLY FOLLOW INSTRUCTIONS! For a Start or Change of electronic payment all boxes must be completed. <u>Do not</u> leave information blank!		
	ployee, please leave this blank.	This form will start, change, or stop electronic payment for		
** <mark>Please note that in order information we must have of account verification:</mark>	to add your ACH one of the following forms	all payments received by you from the University of Florida. This does not apply to employee salary payments. Name: Please be sure your last name on this form matches the last name on the W-9 on file with Purchasing and Disbursement Services Office. Your electronic payment will not start if the last names do not match.		
No starter checks accepted.	e account/routing number on your form. lists and confirms the account #, Bank name.			
Your Tax Ider	ntification Number	Action Requested: (1) Check <u>Start</u> if you don't have electronic payments and wish to. (2) Check <u>Change</u> if you have electronic payments and wish to		
ALL FIELDS REQUIRED!		change your financial institution or just your account number or account type (checking or savings). Your current electronic payment is stopped when a change		
Legal Name		<ul> <li>request is received. While the change is being processed, you will be paid by warrant (check).</li> <li>(3) Check <u>Stop</u> if you wish to stop your electronic payment.</li> <li>(4) Check <u>Name Change Only</u> if you are changing only your name to correspond to your W-9. Complete the top portion of the form and sign and date it.</li> </ul>		
Address (Number, Street)				
City		Account Number: Please make sure the account number written on this form is correct. If you are not sure, PLEASE CONTACT YOUR FINANCIAL INSTITUTION.		
State	Zip Code	THANGIAL INGTHONON.		
		Transit Routing Number: This is the nine-digit number that identifies your financial institution.		
Telephone	Fax	It is found in the bottom left-hand corner of your checks.		
		AGREEMENT		
	(1) Start	I hereby authorize and request the University of Florida to initiate credit entries and, if necessary, a debit entry in accordance with		
Action Requested (Check Only One)	(2)  Change (3)  Stop	NACHA rules and, in necessary, a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. The electronic payment data remains in effect until withdrawn by:		
	(4) Name Change Only	<ul><li>(a) Written notification to the University;</li><li>(b) death or legal incapacity;</li></ul>		
	(1) Checking	(c) the financial institution or (d) the University of Florida.		
Account Type (Check Only one)	(2) Savings	Special Note:		
		Please make sure your electronic payment has stopped before		
	ount Number	closing your account. Otherwise, the funds will be returned to the University and cause a delay before you receive your payment in the mail.		
Transit Routing Number	of Your Financial Institution	**Please note that in order to add your ACH		
		information we must have one of the following forms		
		of account verification:		
Name of Your Financial Institution		1). A voided check which confirms the account/routing number on your form. No starter checks accepted.		
Telephone Number of Your Financial I	nstitution	<ul> <li>A copy of the bank statement that lists and confirms the account #, Bank name/routing # and account holder's name.</li> </ul>		
( )		Please fill these forms out online, print, and send them by mail		
Signature	Date	or fax to the specific UF department you're working with. UF departments may send supplier forms directly to Supplier Relations by mail or fax:		
Email address for Remittance Advice		Mail: University of Florida, Attn: Supplier Maintenance, PO Box 115350, Gainesville, FL, 32611-5350 Fax: Attn: Supplier Maintenance at 352-392-0081		
above signifies acceptance of	OAND DATED BY PAYEE Signature of the terms and conditions in the INT to the right.			

## **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: