



**KENNESAW STATE  
UNIVERSITY**  
OFFICE OF FISCAL SERVICES  
*Procurement and Payment Services*

## International Vendor Information Form

For non-U.S. citizens, non-permanent resident aliens, and non-U.S. entities receiving payment from Kennesaw State University. Once completed, please submit this form along with the vendor's W-8BEN or W-8BEN-E to [Vendor Registration](#) via one of our secure methods: DocuSign, Send-a-file, ServiceNow, Fax or Mail.

Name of individual or business: \_\_\_\_\_

Vendor Contact name: \_\_\_\_\_

Vendor Contact email: \_\_\_\_\_

Are services being provided inside or outside of the US? \_\_\_\_\_

Amount to be paid: \_\_\_\_\_

Please provide a brief description of the services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date signed: \_\_\_\_\_

*\*Payments to non-U.S. citizens, non-permanent resident aliens, and non-U.S. entities may be taxable and reportable under the U.S. tax system. If the activity and payment is deemed to be subject to U.S. tax reporting, the vendor will be sent a link from **Sprintax Calculus** to determine tax status. Tax withholding rules will apply at the point of payment.*

Return via mail or fax to:  
 Kennesaw State University  
 Office of Fiscal Services  
 3391 Town Point Dr  
 Suite 3700, MD 9110  
 Kennesaw, GA 30144  
 Phone: 470-578-6214  
 Fax: 470-578-9187



**KENNESAW STATE UNIVERSITY**

**4300B Vendor Registration and Substitute W-9 Form**

**Do Not Send to the IRS**

**Instructions**

1. This form is for the type of vendors listed below who need to be entered into the 4300B vendor system for payment or reimbursement.
2. The preferred method is to complete the form electronically. If you choose to complete the form by hand, please print legibly in blue or black ink.
3. Fully complete, print, and sign page one (1). Complete and sign page two (2) if direct deposit of funds is preferred.
4. Fax or mail the form to the information shown above or submit via DocuSign, sendafile.kennesaw.edu or ServiceNow.  
 For security reasons, **DO NOT EMAIL** this form.

I am a(n):	KSU Student <input type="checkbox"/>	Non U.S. citizen/Non-permanent resident alien *(W-8BEN required) <input type="checkbox"/>	KSU Club with own EIN# <input type="checkbox"/>	<b>Choose Setup Type:</b> New Setup <input type="checkbox"/> Reactivation <input type="checkbox"/> Update Information <input type="checkbox"/>
	KSU Employee <input type="checkbox"/>	Receiving a Travel Reimbursement <b>only</b> <input type="checkbox"/>	Research Study Participant <input type="checkbox"/>	
	High School Student <input type="checkbox"/>	(i.e. Job Candidate)		

<b>Legal Name</b>			
<b>Taxpayer Identification Number (TIN) / SSN</b>			
<b>Physical Address: Number/Street Name</b>			
<b>Address (Line 2)</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
	<b>Phone Number:</b>	<b>Email Address:</b>	

**Remit To Address**

Check here if same as the physical address:

<b>Mailing Address:</b>			
<b>Address (Line 2):</b>			
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**KSU Point of Contact Name:**

**Certification**

**Under penalties of perjury, I certify that (check all that apply):**

- I am a U.S. resident (including permanent resident alien).
- I am a non-U.S. citizen or non-permanent resident alien for U.S. tax purposes and I have completed the KSU Foreign National Information Form (FNIF) and the IRS Form W-8BEN.
- The Taxpayer Identification Number (TIN) provided above is correct.
- 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 and dividends, or (c) the IRS has notified me I am no longer subject to backup withholding.
- I am subject to backup withholding as a result of a failure to report all interest or dividends or I have received notification by the IRS that I am subject to backup withholding.

*Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification to avoid backup withholding.*

Signature of Vendor:

Date Signed:

Return via mail or fax to:  
 Kennesaw State University  
 Office of Fiscal Services  
 3391 Town Point Dr  
 Suite 3700, MD 9110  
 Kennesaw, GA 30144  
 Phone: 470-578-6214  
 Fax: 470-578-9187



**4300B Vendor Registration and Substitute W-9 Form**

**Do Not Send to the IRS**

**Direct Deposit Setup**

1. Direct deposit is optional for KSU 4300B vendors but is recommended for faster and more secure payment.
2. Provide the information below to start, change, or stop direct deposit by electronic funds transfer for all reimbursements by KSU.
3. International non-U.S. citizens and/or non-permanent resident aliens are not eligible for direct deposit payments to non-U.S. Bank Accounts.
4. KSU employees may use this form to request changes to their direct deposit account information for non-payroll reimbursements.

**Direct Deposit Action Requested**

(check only one)

- Start     
  Change     
  Change only for employee travel reimbursement  
 Stop     
  Decline direct deposit and receive payment by check (leave information below blank)     
  Name change only

**Banking Information (required for direct deposit)**

Bank Name:		
Routing Number:		This is the nine digit number on the lower, left corner of your check.
Account Number:		The account number is the number following the routing number.
Re-Enter Account Number:		Please provide any leading zeroes.

Bank Account Type:  Checking   
  Savings   
  Other   
 List account type below if "Other"

**ACH Deposit Contact Information (Optional)**

*If you would like notification of payment to be sent to yourself or someone else, please list the contact below.*

ACH Contact Name:	
Email for ACH Confirmation:	

**Direct Deposit Agreement:**

*I hereby authorize Kennesaw State University (KSU) to make a direct deposit by electronic funds transfer for all non-payroll payments and reimbursements to my account at the financial institution listed above. In the event that KSU notifies the financial institution that funds have been deposited to the account in error, I hereby authorize and direct the financial institution to return said funds to KSU as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to KSU is not possible, I agree to immediately repay any erroneous deposit to KSU.*

*I further agree that if I do not immediately repay an erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by KSU in the collection of such an erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to KSU, I hereby authorize KSU to recover such amounts by deducting them from any future payments from KSU until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until KSU has received written notification from me of its termination in such time and manner as to afford KSU, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable for any amounts owed to KSU.*

**By signing below, I agree to all terms and conditions.**

Signature of Vendor:	Date Signed:
   	  <div style="border: 1px solid black; width: 150px; height: 20px;"></div>

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

► For use by individuals. Entities must use Form W-8BEN-E.  
► Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.  
► Give this form to the withholding agent or payer. Do not send to the IRS.

**Do NOT use this form if:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Instead, use Form:**

**Note:** If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner** (see instructions)

<b>1</b> Name of individual who is the beneficial owner		<b>2</b> Country of citizenship	
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country	
<b>4</b> Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)			
<b>6a</b> Foreign tax identifying number (see instructions)		<b>6b</b> Check if FTIN not legally required . . . . . <input type="checkbox"/>	
<b>7</b> Reference number(s) (see instructions)		<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

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 that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
  - (a) income not effectively connected with the conduct of a trade or business in the United States;
  - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
  - (c) the partner's share of a partnership's effectively connected taxable income; or
  - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here** ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

\_\_\_\_\_  
Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer