

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
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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"/>	KSU Club with own EIN# <input type="checkbox"/>	Choose Setup Type: New Setup <input type="checkbox"/>	
KSU Employee <input type="checkbox"/>	Interview Candidate (travel reimbursement only) <input type="checkbox"/>	Reactivation <input type="checkbox"/>	
High School Student <input type="checkbox"/>	International Student/Employee* <input type="checkbox"/> <small>*(W-8BEN & FNIF required)</small>	Update Information <input type="checkbox"/>	

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

Remit To Address

Check here if same as the physical address: <input type="checkbox"/>			
Mailing Address:			
Address (Line 2):			
	City:	State:	Zip Code:

KSU Point of Contact Name:	
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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 (populates when signed):

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KENNESAW STATE
 UNIVERSITY

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.
4. KSU employees may use this form to request changes to their direct deposit account information for travel reimbursement.

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

Account Number (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:

List account type below if "Other"

Checking Savings 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 invoice 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 (populates when signed):

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 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)

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

FOREIGN NATIONAL INFORMATION FORM (FNIF)

This form is a required for determining tax status and tax withholding or exemption. In order to receive any form of payment, this Foreign National Information form and W-8BEN (<https://www.irs.gov/forms-pubs/about-form-w-8-ben>) must be completed.

All applicable questions below must be answered.
Permanent Residents (permanent card holders) and naturalized U.S. citizens do not need to complete this form.

Please provide a copy of the following documents with this form:

(1) Passport (2) Visa (3) I-94 Arrival/Departure Form (4) I-20, DS2019, or I-797

SECTION I – GENERAL INFORMATION

Last or Surname Name: _____ First Name: _____ Middle: _____

Social Security Number: (if applicable) _____ KSU ID #: (if applicable) _____

U.S. Local Address: (if applicable)

Street Address _____

City _____

State _____ Zip Code _____

Foreign Residence Address:

City _____ Postal Code _____

Province/Region _____ Foreign Country _____

SECTION II – CURRENT VISA, PASSPORT AND VISIT INFORMATION

Country of Citizenship: _____ Country that Issued Passport: _____

Passport #: _____ Passport Expiration Date: _____

Visa #: _____

Have you ever had another immigration status or previous visits to the U.S.? Yes - If yes, see Page 3
 No

Current Immigration Status:

- Permanent Resident F-1 Student TN H-1B Temporary Employee
 J-1 Exchange Visitor B-1 WB J-2 Spouse or Child of Exchange Visitor
 Canadian Walk-Over (No VISA) B-2 WT Other _____

If Immigration Status is J-1, what is the Subtype?

- Studying in a Degree Program Professor Research Scholar
 Short Term Scholar Other _____

What is the Actual Primary Activity of the visit?

- 01 Studying in a Degree Program 05 Observing 09 Demonstrating Special Skills
 02 Studying in a Non-Degree Program 06 Consulting 10 Clinical Activities
 03 Teaching 07 Conducting Research 11 Temporary Employment
 04 Lecturing 08 Training 12 Here with Spouse

What is the ACTUAL DATE you entered the United States for the first time? _____/_____/_____ Visa Type: _____
(month / day / year)

What is the START DATE of your current immigration status as indicated on your current I-20, DS2019, I-797, I-94? ____/____/____
(month / day / year)

What is the projected END DATE your current immigration status (i.e. end date of I-20, DS2019, I-94)? ____/____/____
(month / day / year)

Type of Work and/or Department: (example: Grad Teaching Assistant for Math Department) _____

Type of student: Undergraduate Master's Degree Doctoral Degree Other _____

Married Yes No Spouse living or working in USA Living Working Both Spouse immigration status? _____

For Consultant/Self Employed Individuals:

Do you/will you have an office (fixed base) in the U.S.? Yes No If yes, how many days in this tax year did/will you have office (fixed base)? _____

What country did you live in immediately prior to this visit to the U.S. if different from your foreign residence? _____

Did you pay taxes in the country stated above? Yes If yes, list the start date and end date of tax residency? _____
 No

SECTION III - CERTIFICATION

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form I must notify the Payroll Office in writing. I understand this form is a requirement for determining tax status, tax withholding or exemption.

Signature Date

Print Name: _____

Email Address: _____

Local Phone Number: _____

SECTION IV – U.S. VISA IMMIGRATION ACTIVITY

Please list any U.S. VISA immigration visits in the last three years and ALL F, J, M or Q Visas since 01/01/1985 (Note: F & J students do not need to list short vacations or visits home). Must be completed if applicable. Please attach separate sheet, if necessary.

Date of Entry (month/day/year)	Date of Exit (month/day/year)	Visa Immigration Status	J-1 Subtype	Primary Activity	Have you taken any Tax Treaty benefits?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Signature

Date