

## **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 <u>Vendor Registration</u> 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.

| Form     | W-8BEN                               | Certificate of Foreign Stat<br>States Tax Withholdin   |  |                             |                      |  |  |  |
|----------|--------------------------------------|--|--|-----------------------------|----------------------|--|--|--|
|          | ctober 2021)<br>nent of the Treasury | <ul> <li>For use by individuals. Entities must use Form W-8BEN-E.</li> <li>Go to www.irs.gov/FormW8BEN for instructions and the latest informat</li> </ul> |  |                             | tion.                | OMB No. 1545-1621                      |  |  |
|          | Revenue Service                      | not send to the IF   | RS.  |                             |                      |  |  |  |
| Do NO    | OT use this form                     | if:  |  |                             |                      | Instead, use Form:                     |  |  |
| • You    | are NOT an indivi                    | dual   |  |                             |                      | W-8BEN-E                               |  |  |
| • You    | are a U.S. citizen                   | or other U.S. person, including a resident alien   | individual   |                             |                      | W-9                                    |  |  |
|          |                                      | wner claiming that income is effectively connec<br>ervices)  | ted with the conduct of t                                    | rade or business            | within the Un        | ited States                            |  |  |
| • You    | are a beneficial o                   | wner who is receiving compensation for person  | al services performed in                                     | the United States           |                      | 8233 or W-4                            |  |  |
| • You    | are a person actir                   | ng as an intermediary  |  |                             |                      | W-8IMY                                 |  |  |
|          |                                      | nt in a FATCA partner jurisdiction (that is, a Mo<br>ction of residence.   | odel 1 IGA jurisdiction w                                    | ith reciprocity), ce        | ertain tax acc       | ount information may be                |  |  |
| Par      | Identifie                            | cation of Beneficial Owner (see instr  | ructions)  |                             |                      |  |  |  |
| 1        | Name of individ                      | ual who is the beneficial owner 2 Country of ci  |  |                             | itizenship           |  |  |  |
| 3        | Permanent resid                      | lence address (street, apt. or suite no., or rural   | route). <b>Do not use a P.C</b>                              | ). box or in-care-          | of address.          |  |  |  |
|          | City or town, sta                    | ate or province. Include postal code where app   | ropriate.  |                             | Country              |  |  |  |
| 4        | Mailing address                      | (if different from above)  |  |                             |                      |  |  |  |
|          | City or town, sta                    | tate or province. Include postal code where appropriate.   |  |                             | Country              |  |  |  |
| 5        | U.S. taxpayer ic                     | lentification number (SSN or ITIN), if required (s   | ee instructions)   |                             |                      |  |  |  |
| 6a       | Foreign tax iden                     | <b>6b</b> Check if FTIN not legally required   |  |                             |                      |  |  |  |
| 7        | Reference numb                       | per(s) (see instructions)  | astructions) 8 Date of birth (MM-DD-YYYY) (see instructions) |                             |                      |  |  |  |
| Part     | Claim c                              | of Tax Treaty Benefits (for chapter 3)   | purposes only) (see  | instructions)               |                      |  |  |  |
| 9        | I certify that the                   | beneficial owner is a resident of  |  |                             | within the m         | eaning of the income tax               |  |  |
|          | •                                    | the United States and that country.  |  |                             |                      |  |  |  |
| 10       | Special rates a                      | nd conditions (if applicable – see instructions):  |  | 0 1                         |                      | 1 0 1                                  |  |  |
|          |                                      | of the treaty identified on line S   | above to claim a   | % rate of withhol           | ding on (spec        | ify type of income):                   |  |  |
|          | Explain the add                      | itional conditions in the Article and paragraph t  | he beneficial owner mee                                      | ts to be eligible fo        | r the rate of w      |  |  |  |
| Part     | Certific                             | ation  |  |                             |                      |  |  |  |
| Under pe | enalties of perjury, I decla         | are that I have examined the information on this form and to the   | best of my knowledge and belief i                            | t is true, correct, and cor | mplete. I further ce | rtify under penalties of perjury that: |  |  |
|          |                                      | the beneficial owner (or am authorized to sign for the   | individual that is the benefic                               | cial owner) of all the      | income or proc       | eeds to which this form                |  |  |
|          | •                                    | orm to document myself for chapter 4 purposes;<br>e 1 of this form is not a U.S. person;   |  |                             |                      |  |  |  |
|          | form relates to:                     |  |  |                             |                      |  |  |  |
| (a) in   | come not effectively                 | connected with the conduct of a trade or business in   | the United States;   |                             |                      |  |  |  |
| (b) in   | come effectively cor                 | nnected with the conduct of a trade or business in the   | United States but is not sul                                 | pject to tax under an       | applicable inco      | ome tax treaty;                        |  |  |
| (c) th   | e partner's share of                 | a partnership's effectively connected taxable income;  | or   |                             |                      |  |  |  |
| . ,      | •                                    | realized from the transfer of a partnership interest sub   | , ,  |                             |                      |  |  |  |
|          |                                      | of this form is a resident of the treaty country listed on line 9 of it<br>or barter exchanges, the beneficial owner is an exemp                           | ,  | •                           | aty between the U    | nited States and that country; and     |  |  |
| Furtherr | nore, I authorize this fo            | rm to be provided to any withholding agent that has control,<br>the income of which I am the beneficial owner. I agree that                                | , receipt, or custody of the inco                            | me of which I am the be     |                      |  |  |  |
|          |                                      | I certify that I have the capacity to sign for the persor  |  |                             |                      |  |  |  |
| Sign     | Here                                 |  |  |                             |                      |  |  |  |
|          |                                      | Signature of beneficial owner (or individual author  | orized to sign for beneficial                                | owner)                      | Date                 | (MM-DD-YYYY)                           |  |  |

Print name of signer



## Foreign Source Statement

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