

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:	
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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 States Tax Withholdin						
	ctober 2021) nent of the Treasury	 For use by individuals. Entities must use Form W-8BEN-E. Go to www.irs.gov/FormW8BEN for instructions and the latest informat 			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 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 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). Do not use a P.C). 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	6b 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; 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 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, 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: _____