EXAMPLE PIF — U.S. Corporation or Other Entity

PLEASE COMPLETE AND RETURN

Email: Center Staff Member's email address **Upload:** www.cccse.org/vps (secure UT Box Portal)

Print					Reset		
THE UNIVERSITY OF TEXAS AT AUSTIN PAYEE INFORMATION FORM-SUBSTITUTE W-9/FOREIGN VENDOR INFORMATION FORM							
Section 1. This section required for all entities							
1. Name (as shown on your income tax return) American Community College							
2. Business Name/disregarded entity name, if different from above							
3. Address: 1	Bald Eagle Ln.			Ph	none:		
(num City: Stars	ber, street, and apt. or suite no.) and Stripes	State: AA	Zip: 00001	5. Exemptions (co	odes apply only to certain entities,		
Foreign Address: not individuals; see instruction Enter Evenut Page Code (if					ee instructions on page 2).		
(Enter foreign	n city, province or state, foreign postal code, and country)	Exemption from F	Exemption from FATCA reporting code (if any):				
Email Address: (applies to accounts maintained outside the U.S.) 4. Taxpayer Identification Number (TIN) The TIN provided must match the name given on line 1 to avoid backup withholding.							
*SSN or ITIN Employer Identification Number (EIN) 9 9 9 9 9 9 9 9 9 9 9 1 Individuals complete Part I & IV, Partnerships complete Part II & IV, Corporations or other Entities complete Part III & IV							
Individuals cor	nplete Part I & IV, Partnerships com	olete Part II & I	V, Corporations	or other Entities com	plete Part III & IV		
Part I. INDIVIDUAL OR SOLE PROPRIETOR (Check one of the following)							
(Individuals/sole proprietors MUST provide a copy of social security card or photo id)							
	ndividual (not owning a business)						
S - Sole Proprietor of Business (May also provide an EIN in Section 1, line 4, for tax reporting, if desired, see Taxpayer Name & Number on back)							
S - Single Member LLC or Single Member LLC that is disregarded (must provide SSN only) B. Citizenship Status: I attest under penalties of perjury that I am (check one of the following):							
	izen or national of the United States. <i>Provi</i>			nowing).			
A Nonresident Alien (Complete C. below). <i>Provide SSN or ITIN in section 1, line 4, if applicable.</i>							
A Lawful Permanent Resident. Provide Alien #: and provide SSN in section 1, line 4.							
	dent Alien Information - If you do not				,		
Citizen of:Number of Days in the U.S.A. this calendar year:							
	Permanent Resident of:Number of Days in the U.S.A. in the past 12 months:						
Email oa.ic@	<u>austin.utexas.edu</u> with your current visa sta	tus if you need a cu	rrent year tax resid	lency or income tax treaty	y determination.		
	P - PARTNERSHIP						
Enter two partner's names and Social Security Numbers. If either partner is a corporation, provide the corporation's EINs below. Also provide the							
	s EIN in section 1, line 4. e			*SSN/FIN			
	e						
	LLC THAT FILES AS A PARTNER						
	RPORATION, LLC THAT FILES AS				ae of the following)		
	orporation or Texas LLC that files as a Con		non, or o m	Check on	c of the following)		
A - Texas Professional Association C - Texas Professional Corporation L - Texas Limited Partnership							
LLC Disregarded Entity. Also enter the Tax Classification: (P=partnership, T=Texas Corporation or O=Out of state corporation)							
	a single-member LLC that is disregarded						
	If T, A, C, or L is checked, enter Te			<i>§</i>			
O - Out of State Corp, Out of State LLC that files as a Corp, Out of State Professional Association, Out of State Professional Corp or							
Out of State Limited Partnership							
G - Governr	mental entity	U - State agency	y / University	F - Financial Instit	rution		
R - Foreign 1	Business (outside the U. S. A.)	N - Other		(Description Require	d)		

CONTINUE TO NEXT PAGE

^{*}Disclosure of your Social Security Number is required. Refer to pg 2, General Instructions, of the State of Texas Application for Texas

Identification Number, https://www.dps.texas.gov/dem/documents/dr-pa_forms/dr-pa_tins_application.pdf

Part IV.CERTIFICATION. This section required for all entities. Check and sign only one of the following certifications.

Certification for **U.S. CITIZENS** and **LAWFUL PERMANENT RESIDENTS** only

Inder penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev December 2014), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item 2 (above) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

PAYEE SIGNATURE: Mr. Patriotic	DATE: 01/01/2020					
Certification for NON-U.S. INDIVID	<u>UALS</u> and <u>NON U.S. ENTITIES</u> only					
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 who is the beneficial owner of the income or an authorized agent of the beneficial owner, and the individual or organization on Section 1 is not a U.S. person or a U.S. organization. I agree that I will submit a new form within 30 days if any information on this form becomes incorrect.						
PAYEE SIGNATURE:	DATE:					
Univ of Texas Dept Contact Name:	Contact's Email Address:					
Vendor : Return signed form to the UT department who sent your Departments : Submit completed form to the Vendor ID Sectivisit https://purchasing.utexas.edu/ap/vendor-identification	on. For instructions on submitting completed forms and creating GGV documents					
Are you a state-certified Historically Underutilized Business (HUB)? Yes 🔲 No 🔲 If not, do you qualify? Yes 🔲 No 🔲 (If Yes, see below for						

INSTRUCTIONS AND INFORMATION

Purpose of Form: An organization that is required to file an information return with the IRS must obtain your correct Taxpayer Identification Number (TIN) in order to report income paid to you. The TIN is either the payee's Social Security Number (SSN) or Employer Identification Number (EIN) or, for foreign individuals residing but not working inside the United States, an Individual Taxpayer Identification Number. Nonresident alien information must be obtained to determine the payee's tax status for compliance with IRS withholding and reporting requirements. The additional information for other payee types is needed to satisfy State of Texas requirements for establishing vendor records. Also see https://www.irs.gov/pub/irs-pdf/fw9.pdf for detailed instructions.

Taxpayer Name and Number Specific Instructions: To prevent payments from being subject to backup withholding, you must provide a correct TIN. A TIN is considered incorrect if the name and TIN combination does not match or cannot be found on IRS or Social Security Administration (SSA) records.

Exemptions: See https://www.irs.gov/pub/irs-pdf/fw9.pdf for detailed instructions.

Historically Underutilized Businesses (HUB): The State of Texas is encouraging state agencies to utilize these businesses. You or your firm qualifies if 51% owned by a person or persons who have been historically underutilized because of their identification as a member of certain groups: Black Americans, Hispanic Americans, Asian-Pacific Americans, Native Americans, or Women-any ethnicity. Vendor inquiries concerning HUB certification should contact the UT Austin HUB/SB Program at hub@austin.utexas.edu, 512-471-2851. With few exceptions, under TEX.GOV'T.CODE ANN. sec. 559.003 (1)(2) & (3) (Vernon Supp. 1992), you are entitled to request to be informed about the information that the university collects, under Sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information, and under Section 559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.