

INFORMATION SHEET
W-8 SUBSTITUTE – VENDOR REGISTRATION FORM
PLEASE READ!

This form is to be completed by the vendor (person/organization the University is doing business with) and returned to the requesting University department.

Type of Payee:

Foreign Government – Only the integral parts or controlled entities of a foreign sovereign as defined in Temporary Regulations section 1.892-2T

International Organization – A public international organization under the International Organizations Immunities Act (22 U.S.C. 288-288f)

Foreign Tax Exempt Organization – A tax exempt organization under section 501(c) of the Internal Revenue Code

Name and Address:

Beneficial Owner – Beneficial owner of the income

Company DBA (Doing Business As) Name – *The name to which the check will be issued.*

Supplemental Information:

Effectively Connected Income – All 3 criteria must be met (does not apply to personal services income)

1. The income paid by the University is effectively connected with the trade or business in the United States
2. This income will be reported on a U.S. income tax return and
3. A valid U.S. Employer Identification Number (EIN) is required

IMPORTANT NOTE: According to Internal Revenue Code 1.1441-1(b)(3)(iv), we can only accept a copy of the W-8 substitute for 90 days. On the 91st day after receipt of a copied form, the copy is no longer valid. Payments on or after the 91st day will be subject to backup withholding at 30% for federal taxes and 8% for state taxes. Please return the form with an original signature to the University department you are doing business with to avoid income tax withholding.

Questions? Contact the Accounts Payable Vendors Office

- 405-271-2410 (AP Front Desk)
- 405-271-8001 x46540 (Direct to Vendors)
- Ap-vendoroffice@ouhsc.edu



**UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
W-8 SUBSTITUTE - VENDOR REGISTRATION FORM**

FOREIGN COMPANIES & INDIVIDUALS ONLY

Form Must Be Printed Or Typed

VENDOR: Complete and return/fax to requesting OUHSC department

DEPARTMENT: return/fax to: OUHSC Accounts Payable, PO Box 26901, SCB 218, OKC, OK 73190/fax (405) 271-2496

Questions: Email AP-VendorOffice@ouhsc.edu OR Call (405) 271-8001 x46540

<p>Type of Payee (check one):</p> <input type="checkbox"/> Individual - An International Information Form (IFF) must be submitted with vendor form. <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Foreign Government <input type="checkbox"/> International Organization <input type="checkbox"/> Foreign Tax Exempt Organization (Documentation required) <input type="checkbox"/> Other _____	<p>Type of Payments to be made (check all that apply):</p> <input type="checkbox"/> Honorarium - A Request for Honorarium Approval form must be submitted and approved prior to submitting a vendor form. <input type="checkbox"/> Fee for Service - A Request for Independent Contractor Approval form must be submitted and approved prior to submitting a vendor form. <input type="checkbox"/> Reimbursement ONLY <input type="checkbox"/> Product _____ <input type="checkbox"/> Other _____
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Name of the individual or organization that is the beneficial owner	Phone #	Fax #
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Company DBA Name - <i>Payments will be made payable to this name</i>	Phone #	Fax #
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Country of incorporation or organization - do not abbreviate (If United States, complete OUHSC Substitute W-9)

Street, apt or suite, rural route, etc	City or town	State or province and/or country	Postal code
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Permanent residence address* Do not use PO Box.
*Your permanent residence address is the address in the country where you claim to be a resident for purposes of that country's income tax. If you are giving Substitute Form W-8 to claim a reduced rate of withholding under an income tax treaty, you must determine your residency in the manner required by the treaty. Do not show the address of a financial institution, a post office box, or an address used solely for mailing purposes. If you are an individual who does not have a tax residence in any country, your permanent residence is where you normally reside. If you are not an individual and you do not have a tax residence in any country, the permanent residence address is where you maintain your principal office.

Purchase Order information **Bid/Quote/Proposal information** (if different from above):

	Phone #	Fax #
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(PO Box or street, apt or suite no, or rural route, city or town, state or province, postal code) E-Mail Address _____

Contact Name & Title: _____

Remit To information (if different from above):

	Phone #	Fax #
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(PO Box or street, apt or suite no, or rural route, city or town, state or province, postal code) E-Mail Address _____

Contact Name & Title: _____

Product Return information (if different from above):

	Phone #	Fax #
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(PO Box or street, apt or suite no, or rural route, city or town, state or province, postal code) E-Mail Address _____

Contact Name & Title: _____

Customer Service Contact Information (if different from above):

Phone #	Fax #	E-Mail Address
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Business Classification (check all that apply):

<input type="checkbox"/> Service	<input type="checkbox"/> Small Business	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> General Construction
<input type="checkbox"/> Disability	<input type="checkbox"/> Black	<input type="checkbox"/> Asian-American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Minority Owned	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Woman Owned	

OUHSC USE ONLY: TIN _____ Vendor Number _____



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Other Information: State statutes provide for the payment of interest on proper invoices submitted for payment for goods and services not paid to vendor by the close of business on the forty-fifth (45th) day after receipt of proper invoice.

SUPPLEMENTAL INFORMATION - ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with OUHSC, or may result in OUHSC having to deduct backup withholding amounts from remittances to you.

- 1. THE INCOME DERIVED IN THIS RELATIONSHIP WILL BE U.S. SOURCED INCOME THAT IS EFFECTIVELY CONNECTED WITH THE CONDUCT OF A TRADE OR BUSINESS WITHIN THE UNITED STATES.
2. OUR COMPANY HAS A U.S. LOCATION.

U.S. Taxpayer Identification Number (TIN):

The TIN provided must match the Name on IRS Record, provided on previous page, to avoid backup withholding. For individuals, this is your Social Security Number (SSN) or Individual Tax Identification Number (ITIN). For other entities, it is your Employer Identification Number (EIN).

SSN or ITIN: EIN: [This number is also known as Federal Employer Identification Number (FEIN)]

Foreign tax identifying number, if any:

CLAIM OF TREATY BENEFITS (IF APPLICABLE)

I certify that (check all that apply):

- a The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.
b If required, the U.S. taxpayer identification number is stated above in the U.S. Taxpayer Identification Number section.
c The beneficial owner is not an individual, derives the item (or items) of income from which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits.
d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status.
e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

Special rates and conditions (if applicable - see IRS Form W-8BEN for instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line a above to claim a % rate of withholding on (specify type of income):

Explain the reasons the beneficial owner meets the terms of the treaty article:

SUBSTITUTE IRS FORM W-8 CERTIFICATION

Under penalties of perjury, I declare that I have examined the information on the 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 beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
The beneficial owner is not a U.S. person,
The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, 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.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person or foreign government and, if applicable, obtain a reduced rate of withholding; or establish that the income for which this form is provided is effectively connected with the conduct of a trade or business within the United States.

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

Name of individual above (print or type) Title of individual