



The University of Vermont

## Certificate of Foreign Status

### FOR FOREIGN VENDOR SET-UP – USED FOR FOREIGN SOURCE INCOME ONLY

This form is to be completed by a foreign vendor who will be receiving foreign source income from UVM in order to be set up as a vendor in the payables system. Foreign source income generally includes funds paid to a vendor for **activities that are conducted entirely outside the United States** (i.e. payments involved with study abroad programs and registration fees for a foreign conference or debate tournament). **Do not use this form for U.S. source income** (i.e., income derived from activities conducted partially or entirely in the U.S., or royalty payments for licenses used in the U.S.) **or if you are a U.S. citizen or other U.S. person** (i.e., lawful permanent resident or resident alien for tax purposes). Instead, you must use IRS Form W-9, or the appropriate W-8 series Form (W-8BEN, W-8BEN-E, W-8ECI, W-8EXP, etc.).

#### Part I: Identification of Beneficial Owner

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name of Individual or Organization receiving payment Country of Residence, Incorporation or Organization
3. \_\_\_\_\_  
Permanent Residence Address
4. \_\_\_\_\_ 5. \_\_\_\_\_  
Permanent Residence City/Town, State/Province, Postal Code Country (do not abbreviate)
6. \_\_\_\_\_  
Mailing Address (if different from above)
7. \_\_\_\_\_ 8. \_\_\_\_\_  
City/Town, State/Province, Postal Code (if different from above) Country (do not abbreviate)
9. \_\_\_\_\_ 10. \_\_\_\_\_  
U.S. Taxpayer identification number (if any) Foreign Tax Identifying Number (if any)
11. Type of Beneficial Owner (Mark the appropriate box):  Individual  Corporation  Partnership  Government  
 International Org  Tax Exempt Org  Foreign University Other (please describe) \_\_\_\_\_

#### Part II: 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:

- The individual or entity identified on Line 1 of this form is the beneficial owner of all the income to which this form relates;
- The individual or entity on Line 1 of this form 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,
  - Effectively connected but is subject to tax under an applicable income tax treaty, or
  - The partner's share of a partnership's effectively connected income.
- 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 shall submit a new form within 30 days if any certification made on this form becomes incorrect.

\_\_\_\_\_  
Signature\* of Beneficial Owner (or individual authorized to sign for beneficial owner) Date

\_\_\_\_\_  
Capacity in which Acting

\*Must be a wet ink or certified digital signature



## Certificate of Foreign Status Form Instructions

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#### Specific Instructions

##### Part I

Line 1 – If you are an individual, enter your first and last name (family name). If you are not an individual, enter name of corporation or organization receiving payment.

Line 2 – If you are an individual, enter your country of residence. If you are a corporation, enter the country of incorporation. If you are another type of entity, enter the country under whose laws you were created, organized or are governed.

Lines 3-5 – Enter your permanent residence address (Include postal code where appropriate). If you are an individual, your permanent address is where you normally reside. If you are not an individual, your permanent residence address is normally where you maintain your principal office.

Lines 6-8 – Enter the address where you receive your mail only if it is different from your permanent residence address (Include postal code where appropriate). Leave blank if your mailing address is the same as the address entered in Lines 3-5.

Line 9 – Enter your U.S. taxpayer identification number if you have one, if not, leave blank. Usually an individual would enter a Social Security number (SSN) or Individual Taxpayer Identification number (ITIN). If you are not an individual, you may have an Employer Identification Number (EIN).

Line 10 – If your country has issued you a tax identifying number, enter it here. If not, leave blank.

Line 11 – Check the box that applies to the beneficial owner of the income.

##### Part II

This form must be signed and dated by the individual listed on Line 1. If the name listed in Line 1 is not an individual, the form must be signed and dated by an authorized representative or officer of the entity listed in Line 1. This form must be signed in wet ink, or using a certified digital signature. Typed on or pasted images of signatures are not accepted.