



PAYEE INFORMATION FORM

Individuals complete Parts I & IV, Partnerships complete Parts II & IV, Corporations or other Entities complete Parts III & IV

I. INDIVIDUAL OR SOLE PROPRIETOR

Name of Individual or Owner: _____

(Individuals/sole proprietors MUST provide a copy of social security card or photo ID) "Doing Business As" (DBA) name may be provided in section IV below

A. I – Individual (not owning a business) Social Security # (SSN) _____

or

S - Sole Proprietor of Business Social Security # (SSN) _____

(Sole Proprietors may also provide an EIN for tax reporting)

Employer Id # (EIN) _____

B. Citizenship Status: I attest under penalties of perjury, that I am (check one of the following):

- 1. A United States citizen
- 2. A Non-resident Alien (Complete C below)
- 3. A Lawful Permanent Resident (Alien # _____)

C. Non-resident Alien Information – if you do not have a SSN, check here

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: _____

II. PARTNERSHIP

Partnership's Employer Identification Number (EIN): _____

Enter two partner's names and Social Security Numbers (SSN). If either partner is a corporation, use the corporation's EIN

Partner's Name: _____ SSN/EIN: _____

Partner's Name: _____ SSN/EIN: _____

III. CORPORATION OR OTHER ENTITY

Employer Identification Number (EIN): _____

- | | | |
|----------------------------|--|----------------------------|
| T Texas Corporation | A Professional Association | C Professional Corporation |
| O Out-of-State Corporation | G Governmental Entity | U State agency/University |
| F Financial Institution | R Foreign Business (outside the U.S.A) | N Other |

If T,A, or C is checked, enter Texas Charter Number: _____

IV. CERTIFICATION

Name (for individuals) or Business Name: _____

Address: _____ Phone: _____

No/Street City State Zip

For payees Exempt from Backup Withholding, check the "Exempt" box. (Exempt – Yes)

Foreign Address: _____

(enter city, province or state, postal code and country)

UTB/TSC Dept. Contact/Phone: _____

Under penalties of perjury, I certify that the information provided on this form is, to the best of my knowledge, true, correct, and complete.

Payee Signature: _____ Date: _____

(Individuals and sole proprietors must also provide copy of social security or picture identification card)

Warning: Failure to provide the correct name and number combination may result in payment being subject to 30% backup withholding.

Are you a state-certified Historically Under-utilized Business (HUB)? Yes No If not, do you qualify? Yes No

DISCLAIMER

Disclosure of your social security number (SSN) is requested as part of your Independent Contractor Agreement with The University of Texas at Brownsville and Texas Southmost College. Your SSN will be used as a unique number in order to identify you within the University's vendor file. Disclosure of your SSN is mandatory before you may become an Independent Contractor with The University of Texas at Brownsville and Texas Southmost College. Federal law requires The University of Texas at Brownsville and Texas Southmost College to report income and SSNs for all Independent Contractors to whom compensation is paid. SSNs are maintained and used by The University of Texas at Brownsville and Texas Southmost College for payment and tax purposes and are reported to Federal and State agencies on forms required by law. Further disclosure of your social security number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code.)