

It is recommended that the individual completing this form has a copy of a completed W-9 in front of them.

Prospective foreign suppliers should work directly with their contact at UCF to be setup as a supplier.

Please refer to the IRS W-9 Instructions, if needed. Form W-9 (Rev. October 2018) (irs.gov)

#### **Business Name (required)**

Name of prospective supplier, as shown on your income tax return. If the supplier is an individual, this can be an individual's name.

#### Supplier Category (required)

This is the federal tax classification for the person whose name is entered in the business name field. Please refer to the IRS's W-9 instructions for additional information.

#### **Supplier Group**

Please select any of the categories that apply to the goods/services you will be providing. If you are a subaward recipient on a grant, please select subaward recipient.

#### Tax ID (required)

Enter your Taxpayer Identification Number, inclusive of the hyphens.

#### Business Name/disregarded entity name/doing-business-as name

If you have a business name, trade name, DBA name, or disregarded entity name that is different from the name on your tax return, you may enter it here.

#### Account numbers

List all your UCF account numbers here, if known.

#### What type of goods or services do you provide?

Provide a brief description of the goods/services you provide.

#### Will you be providing construction services?

Select yes or no

#### **TIN Type (required)**

Select your taxpayer identification number type: Employer Identification Number (EIN), Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). Please refer to the IRS's W-9 instructions for additional information.

#### US Withholding (Exempt Payee Code)

Select all exempt payee codes that apply. If none apply, please select "Does not apply". Please refer to the IRS's W-9 instructions for additional information.



#### **Exemptions from FATCA**

Select the FATCA exemption code that applies, if any. If none apply, please select "Does not apply". Please refer to the IRS's W-9 instructions for additional information.

# **Primary Supplier Contact Name**

Name of the primary contact at the supplier

# **Primary Supplier Contact Title**

Title of the individual who is the primary contact

# Name of contact at UCF (required)

Please provide the name of your contact at the university so that we may notify the department.

# Are you or any of your controlling members current or former employees at the University of Central Florida? (required)

Indicate if you or any of your controlling members (an individual who owns 50% or more of a company) are current or former employees of the University of Central Florida. Select yes or no.

# If yes, please provide the name and position at the university.

If the answer to the previous question was yes, please provide the full name of the individual and their current or former position at the university.

# Certification

To establish to the withholding agent that you are a U.S. person, or resident alien you must respond to the backup withholding and penalties of injury questions.

# Backup Withholding (required)

Read the statement and select yes or no. If you select yes, attach a copy of your signed Form W-9 on screen 4.

#### Penalties of Perjury (required)

Read the statement, select whether you agree or disagree. If you select "I disagree", attach a copy of your signed Form W-9 on screen 4. Please refer to the IRS's W-9 instructions for additional information.

#### **Payment Types (required)**

Select all payment types you accept.

# **Default Payment Type (required)**

Select your default payment type.

#### Currencies

Check which currencies you accept. Please note, that our default current is US Dollar (USD).



#### **Business Contact Details**

For the University to be able to easily contact you regarding your account, we request that you provide all the contact information that is requested.

#### **Add Primary Phone**

To add a phone number, select the checkbox

#### Select the Country Phone Code (required)

*Please note that you cannot type the country or country phone code. You will have to scroll to the correct country and select it from the list.* 

Area Code Enter the area code

Phone Number (required) Enter the phone number

**Phone Device Type (required)** Select either fax, mobile or landline

If you would like to add additional phone numbers, click the add additional phone box and provide the required information. *Please note that the phone number provided after selecting the Add Primary Phone box will be the primary phone number on the supplier record.* 

#### **Email Address (required)** Please provide an email address

Website URL Please provide the company's website, inclusive of http://

# **Remit to Address**

**Country (required)** Select the country on the remit to address. *Please note that you cannot type the country. You will have to scroll to the correct country and select it from the list.* 

# Address Line 1 (required) Enter the street address, inclusive of building, suite and room numbers.

**City (required)** Enter the city for the remit to address

**State (required)** Enter the state for the remit to address



#### **Postal Code (required)**

Enter the postal (zip) code for the remit to address

#### **Mailing Address**

If your mailing address is different than your remit to address, please complete this section. If your tax correspondence address is different than your remittance address, please complete this section.

# **Classifications (Page 2)**

Select Add

If more than one classification is applicable, you may add an additional classification by clicking the add button underneath the classification that was added.

In the compliance reporting box, select United States of America from the country list.

#### **SMWBVE Certification**

If you have a minority certification, please select the appropriate certification, attach a copy of the certificate in the Certificate Attachment field, provide the certificate expiration date, certificate number and who the entity is certified by.

# **Tax or FATCA Exemption**

If you marked that you were exempt from tax or FATCA on the first page you can select the appropriate exemption from the drop down

#### HB 7017 Foreign Influence

The state of Florida has defined a foreign country of concern as the People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolas Maduro or the Syrian Arab Republic, including any agency or any or any other entity under the control of such foreign country of concern.

Select HB 7017 Foreign Influence classification if you are a citizen of one of these countries; a legal entity, governmental or otherwise, of one of these foreign states or are an agent, including a subsidiary or affiliate of a foreign legal entity of one of these foreign states, acting on behalf of a foreign source. Select the applicable country.

HB 7017 Foreign Influence classification may also be selected if any of the following countries are selected in the compliance reporting drop down box: Syria, Venezuela, Democratic People's Republic of Korea, Iran, China, or Russia.

Potential Conflict of Interest Relationship Related Party Name

Current or Former Employee Position Name



#### Bank and Payments (Page 3)

If you would like to be paid via ACH, complete this section. If you do not want to be paid via ACH, proceed to the next page. We encourage suppliers to elect into ACH payments as it results in payments being received faster.

This form will start electronic payments for all payments received by you from the University of Central Florida; Central Florida Clinical Practice Organization, Limbitless Solutions, UCF Academic Health, University of Central Florida Athletics Association, UCF Convocation Corporation, UCF Finance Corporation, UCF Stadium Corporation, University of Central Florida Florida Research Foundation.

#### Account Nickname

You may enter a name for your account here.

#### Payment Types (required if providing banking information)

Select applicable payment types

# Country (required if providing banking information)

Select the country the bank account is in

Please note that you cannot type the country or country phone code. You will have to scroll to the correct country and select it from the list.

#### Account Type (required if providing banking information)

Select the bank account type

#### Bank Name (required if providing banking information)

Provide the name of your bank

#### Routing Transit Number (required if providing banking information)

This is the nine-digit number that identifies your financial institution.

#### Account Number (required if providing banking information)

Provide your bank account number. Please make sure that the account number provided is correct. If you are not sure, please contact your financial institution.

Bank Identification Code

Not required

# **Bank Instructions**

Not required

#### Attachments (Page 4)

If you are opting into ACH payments, attach a voided check or banking information on bank letterhead or company letterhead. You will not be set up for ACH payments if this is not provided.



If you are subject to backup withholding, you must attach a signed copy of your W-9.

#### Legal Disclaimer (Page 5)

Read the legal disclaimer then click the Accept Legal Disclaimer if you accept it.

Type your name in the signature box.

You will be able to review all your responses prior to submitting the application. You may print a copy for your records if you wish. Press the Submit button.

Once you have submitted your registration you will receive a notification that you have successfully submitted the supplier registration. You will be able to view the progress of your application under registration status on the home page of the prospective supplier portal when you are logged in. You will also receive an email notification once your registration has been approved or denied.