

THE UNIVERSITY OF TEXAS AT AUSTIN
PAYEE INFORMATION FORM

Individuals complete Part I & IV, Partnerships complete Part II & IV, Corporations or other Entities complete Part 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 Number (SSN) _ _ _ - - - - -

OR

S - Sole Proprietor of Business Social Security Number (SSN) _ _ _ - - - - -

(Sole Proprietors may also provide an EIN for tax reporting, if desired, see **Taxpayer Name and Number** on back)

Employer Identification Number (EIN) _ _ - - - - -

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

1. A citizen or national of the United States
2. A Nonresident Alien (Complete C. below)
3. A Lawful Permanent Resident (Alien # _____)

C. Nonresident Alien Information - If you do not have an 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: _____

Payments to Nonresidents are generally subject to income tax withholding. Tax treaty exemptions may be available. A copy of this form, the INS Form I-94 and the IRS Form 8233 should be sent to the International Office if the payee wishes to claim a tax treaty exemption from withholding. See the Withholding section of Nonresident Alien Individual on back for more information.

Please affix a clean/clear photocopy
 of your picture ID here.
 Thank you!

IV. CERTIFICATION

NAME (for individuals)
 or Business Name: _____

Address : _____ Phone: _____ (Number or street)	For payees Exempt From Backup Withholding enter "Exempt" below. (See Claiming Exemption under Backup Withholding on back)
City : _____ State: _____ Zip: _____	

Foreign Address: _____ University of Texas
 (Enter city, province or state, postal code, and country) 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 Card or picture id)

Warning: Failure to provide the correct name and number combination may result in payment being subject to 31% backup withholding. See **Taxpayer Name and Number** on back.

Notice Concerning Your Information

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information, and to have The University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (email: cfo@www.utexas.edu).

Print this form and return it to:

Sarah Rogers
Texas Regional Collaboratives

USPS Mail:
Sarah Rogers
Texas Regional Collaboratives
The University of Texas at Austin
1 University Station D5500
Austin, Texas 78712

UPS/FedEx Mail:
Sarah Rogers
Texas Regional Collaboratives
The University of Texas at Austin
1912 Speedway
Sanchez Building, Room 340
Austin, Texas 78712

Fax:
Attn: Angela Milliman
512-471-9244

**PLEASE SUBMIT THIS FORM WITH ATTACHED DOCUMENTS BY
THE POSTED APPLICATION DEADLINE**

**YOU MUST BE *ACCEPTED* TO THE STEM CERTIFICATION PROJECT
PRIOR TO TAKING A TEST.**