



TEXAS A&M INTERNATIONAL UNIVERSITY

CERTIFICATE OF FOREIGN STATUS

FOR FOREIGN VENDOR SET-UP IN FAMIS – USED FOR FOREIGN SOURCE INCOME ONLY

This form is to be completed by a foreign vendor who will be receiving foreign source income from TAMIU in order to be set up as a vendor in FAMIS. Foreign source income generally includes funds paid to a foreign 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). 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 online) 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 Form W-8 ([W-8BEN](#), [W-8BEN-E](#), [W-8ECI](#), [W-8EXP](#), etc.). If you should have any questions, please e-mail them to budgetandpayroll@tamiu.edu or visit the [Budget & Payroll website](#).

Part I

- | | |
|--|---|
| 1. _____
Name of Individual or Organization Receiving Payment | 2. _____
Country of Residence, Incorporation or Organization |
| 3. _____
Permanent Residence Address | |
| 4. _____
Permanent Residence City/Town, State/Province, Postal Code | 5. _____
Country (do not abbreviate) |
| 6. _____
Mailing Address (if different from above) | |
| 7. _____
City/Town, State/Province, Postal Code (if different from above) | 8. _____
Country (do not abbreviate) |
| 9. _____
U.S. Taxpayer Identification Number (if any) | 10. _____
Foreign Tax Identifying Number (if any) |
| 10. Type of Owner (Mark the appropriate box):
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> International Org <input type="checkbox"/> Tax Exempt Org <input type="checkbox"/> Foreign University
Other (Please Describe) _____ | |

Part II

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 individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself as an individual that is an owner of account holder of a foreign financial institution,
- The person named 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 not subject to tax under a 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 will submit a new form within 30 days of 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



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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.

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, then the form must be signed and dated by an authorized representative or officer of the entity listed in Line 1.