

University of Alaska Foreign Entity Form

If you are a U.S. entity, do not complete this form. Please complete form W-9.



UNIVERSITY
of ALASKA

UA Department Use Only:

Calendar Year: _____ Campus: UAA UAF UAS

PO/Contract #: _____

Vendor ID: _____

Date: _____

Entity Legal Name: _____ Contact Name: _____

EIN or ITIN: _____ Foreign Tax ID: _____

Business Type: Corporation Private Foundation International Organization Foreign Government - Integral Part
 Partnership Estate Tax Exempt Organization Foreign Government - Controlled Entity

U.S. Address: Entity does NOT have a U.S address Permanent Foreign Address: _____

City: _____ City: _____

State: _____ Country: _____

Zip Postal Province

Code: _____ Code: _____ (Canada Only): _____

Tax Status Determination.

Country of Incorporation or Organization: _____ Country of Tax Residence: _____

Is the organization's income effectively connected with the conduct of a US trade or business?

- Yes. This election makes all income subject to US tax.
 No, please continue with rest of form.

Is the organization a foreign tax-exempt organization as defined by the United States Internal Revenue Service?

- Yes. Skip to section B. No, please continue with rest of form.

If eligible, do you want to claim tax treaty benefits (the entity must have, or apply for, U.S. Tax ID)?

- Yes, please complete rest of form. No

US Source Income Determination.

Does the payment include copyright fees, royalties or software licenses? Yes, projected \$ _____ No

What is the expected number of days for all activity in the current calendar year, whether occurring inside or outside the US? _____

What is the expected payment for all activity in the current calendar year, whether activity occurs inside or outside the US? \$ _____

Please describe all activity that will be occurring in the United States during the current calendar year for this purchase order/contract:

Description of activity:	Number of days in U.S. performing this activity:	Amount of payment associated with this activity:

To be completed by all.

I certify that I am authorized to sign for the above listed foreign entity. I certify that the above is true and correct according to the best of my knowledge. I certify that the income to which this form relates is not effectively connected with the conduct of a US trade or business. I understand that any payment defined as US sourced income may be subject to up to 30% federal tax withholding.

Signature: _____ Date: _____

Print Name: _____ Title: _____

NRA TAX SPECIALIST USE ONLY:

Foreign sourced income: _____

US Sourced Income: Independent Personal Services: _____ Default W/H: 30% Income Tax Treaty W/H: _____ %
 Television/ Movie Copyrights: _____ Default W/H: 30% Income Tax Treaty W/H: _____ %
 NOTES: Other Copyrights: _____ Default W/H: 30% Income Tax Treaty W/H: _____ %

NRAT signature: _____ Date: _____ GOAINTL entry date: _____ GLACIER entry date: _____