

PLEASE NOTE PAPERWORK
NEEDED IN ADDITION TO EXCEL
SHEET



Documents Needed	US Citizen	Non- US Citizen
W9	Yes	No
W-8BEN-E	No	Yes
Alien Certificate	No	Yes
Expense receipts (translated to english)	Yes	Yes

Note: Wire payments are made in US dollar.

Exchange rate is based on published conversion rate at Oanda.com at the time of payment.

THE UNIVERSITY OF MICHIGAN - PAYROLL OFFICE
ALIEN CERTIFICATE

AC

If you are not a citizen of the United States, you must complete this Alien Certificate. Return the completed Alien Certificate to: Payroll Office, G395 Wolverine Tower, 3003 S. State St, Ann Arbor, MI 48109-1279 or via fax (734)647-3983.

PLEASE PRINT

SECTION I - To be completed by all non-residents (even those who do not enter the U.S.)

Name: _____
Last First Middle Social Security Number *→ if you have one*
I certify that I am a resident of the country of _____
UMID _____

SECTION II - Complete this section only if you have entered the United States.

Include your original date of entry, date of Visa change if any, and any time you were gone from the U.S. for 365 days or more.

I entered the United States on	on a(n)	I left the U.S. on	I was a (check one)
_____ Month Day Year	_____ Visa Type	_____ Month Day Year	<input type="checkbox"/> Student <input type="checkbox"/> Non-Student
_____ Month Day Year	_____ Visa Type	_____ Month Day Year	<input type="checkbox"/> Student <input type="checkbox"/> Non-Student
_____ Month Day Year	_____ Visa Type	_____ Month Day Year	<input type="checkbox"/> Student <input type="checkbox"/> Non-Student

If Resident Alien, check reason:

- ☐ 1. Lawful Permanent Resident Test (Green Card Test)
☐ 2. Substantial Presence Test

I certify that my type of VISA is: ☐ F1 ☐ J1 ☐ J2 Other (specify) _____

If you are eligible to claim a tax treaty exemption as a teacher/researcher, you must file a Form 8233 with the proper attachment for your country of residence. If you are eligible to claim a tax treaty exemption as a student, you must file a Form 8233 with the proper attachment for your country of permanent residence. If you are eligible to claim a tax treaty exemption as fellowship/scholarship, you must file a Form W8-BEN. All forms are available on the Payroll website at <http://payroll.umich.edu/formreq.html>.

SECTION III - I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF MY STATUS CHANGES FROM THAT WHICH I HAVE INDICATED ON THIS FORM, I MUST SUBMIT A NEW ALIEN CERTIFICATE TO THE UM PAYROLL OFFICE.

Date: _____

Your signature: _____

NON-U.S. CITIZEN - FILL OUT PINK HIGHLIGHTS ONLY

Form **W-8BEN**
(Rev. July 2017)
Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

- For use by individuals. Entities must use Form W-8BEN-E.
► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner	2 Country of citizenship
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. City or town, state or province. Include postal code where appropriate. Country	
4 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions) OR	6 Foreign tax identifying number (see instructions)
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

- 9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- 10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____
- Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this 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 for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

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 if any certification made on this form becomes incorrect.**

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

★ YOU MAY LEAVE THIS BLANK AND NOT ADD CANNOT SEPARATELY VOID TAXID# TO ALUMINUM PENSIONS TEAM

U.S. CITIZEN - FILL OUT PINK HIGHLIGHTED SECTIONS ONLY

Substitute Form W-9	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do NOT send to the IRS.
Part I Taxpayer Information		
Name (Must match IRS records—this name must match the Taxpayer Identification Number below)		
Business Name, if different from above. (Doing Business As)		
Check one <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Resident Alien/Foreign Entity <input type="checkbox"/> Resident Alien or Permanent Resident		
Check appropriate box(es): <input type="checkbox"/> C Corporation <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Government <input type="checkbox"/> Estate <input type="checkbox"/> LLC If yes, choose tax classification below: <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation		
		Check as many as apply: <input type="checkbox"/> Medical Service Provider <input type="checkbox"/> Lawyer/ Attorney
Address (Number, street, and apt or suite number)		Fax Number
City, State, and Zip Code		Email Address
Area code and phone number		Web Address
Part II Taxpayer Identification Number (TIN)		
Enter your TIN in the box provided. For individuals, this is your Social Security number (SSN). However, for a resident alien see page 2 of the IRS form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" on page 2 of the IRS form W-9. IRS form W-9: http://www.irs.gov/pub/irs-pdf/fw9.pdf		
		Taxpayer Identification Number <div style="border: 1px solid black; padding: 5px; display: inline-block;"> EMAIL SEPARATELY OR CALL IN TO ALUMNI RELATIONS TEAM </div>
Part III Taxpayer Information		
The undersigned certifies that the above named company maintains a business classification as indicated below. Further, it is understood and agreed that misrepresentation of the supplier's business classification is subject to penalties as prescribed in FAR Clause 52.219.1, "Small Business Program Representations."		
Type of Business <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Historically Black Colleges & Universities <input type="checkbox"/> Alaska Native Corporation/Indian Tribe (Large/Non Certified as SDB)		
Subcategories of Small Business (the company is at least 51% owned, controlled, actively managed by). Check all that apply: Type of Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Woman Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> HUBZone <input type="checkbox"/> Service-Disabled Veteran Owned <input type="checkbox"/> Minority Owned		
Is your company listed on the US Government Excluded Parties List System? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indicate if a University of Michigan employee is any of the following in your company: <input type="checkbox"/> Stockholder <input type="checkbox"/> Director <input type="checkbox"/> LLC Member <input type="checkbox"/> Partner <input type="checkbox"/> Employee <input type="checkbox"/> Joint Venture		
Delivery of Purchase order will be fax unless otherwise noted: <input type="checkbox"/> Fax: <input type="checkbox"/> Email address: <input type="checkbox"/> Mail		
Primary NAICS Code:		Dun & Bradstreet No:
Remit To Address that appears on your invoice:		Requester's name and address The University of Michigan, Accounts Payable 7071 Wolverine Tower 1282, 3003 S. State Street Ann Arbor, MI 48109-1282
Part IV Certification		
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.		
Certification Instructions. – You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification but you must provide your correct TIN.		
Sign Here Signature _____ Print Name _____		Date _____
Any Questions Regarding This Form Please Email: VENDOR.MAINTENANCE@UMICH.EDU		
REVISED 09-15-11		