University of Alaska Foreign Entity Form

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

Date: _____

UNIVERSITY of ALASKA

UA Department Use Only:
Calendar Year: _____ Campus: UAA UAF UAS
PO/Contract #: _____
Vendor ID: _____

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

_____ _____

_____ _____

City: _____

State: _____

Zip Code: _____

Permanent Foreign Address:

_____ _____

_____ _____

City: _____

Country: _____

Postal Code: _____ Province (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: _____