

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

(Rev. October 2021)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

► 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.

Do NOT use this form if:

Instead, use Form:

- 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 United States (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

Note: If you are resident in a FATCA partner jurisdiction (that is, 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)			
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required <input type="checkbox"/>	
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 or proceeds 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;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- 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 ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

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

Date (MM-DD-YYYY)

Print name of signer

International Information Form (IIF)

To be used only by employees and contractors who have entered the U.S.

All applicable questions must be answered. You must provide your U.S. visa, passport with Form I-94 or I94W Arrival and Departure Record (a small card or entry date stamp inside your passport, or an electronic receipt), and I-20 or DS-2019, if applicable. Lawful Permanent Residents must provide the Resident Alien Card. **This form must be completed and returned before any payment can be issued by Payroll or Accounts Payable (including scholarships or fellowships).**

PERSONAL INFORMATION

1 Last or Family Name: First: Middle:

2 SSN or ITIN: SSN ITIN **3** Date of Birth: **4** Mailing Address: U.S. International

5 U.S. Local Street Address:
Address Line 2:
Address Line 3:
Address Line 4:
City:
State: Zip:

6 International Residence Address:
Address Line 2:
Address Line 3:
Address Line 4:
City: Province/Region:
Country: Postal Code:

7 Passport Number: Country that issued passport: Country of residence:

8 Telephone Number: **9** Email Address: **10** Preferred Method of Contact:
 Email Phone

CURRENT VISA AND IMMIGRATION STATUS INFORMATION

11 Immigration Status: **(Please check one)**
 U.S. Immigrant/Permanent Resident F-1 Student VWB/VWT Visa Waiver
 B-1/B-2 Business/Tourism J-1 Exchange Visitor Other:
 If immigration status is J-1, indicate the subtype: **(Please check one)**
 01 Student 05 Professor 12 Research Scholar
 02 Short-Term Scholar Other:

12 What is the actual primary purpose of this visit? **(Please check one)**
 01 Studying in a Degree Program 05 Observing 11 Temporary Employment
 02 Studying in a Non-Degree Program 06 Consulting 12 Here with Spouse/Relative
 03 Teaching 07 Conducting Research 16 Tourist Activities
 04 Lecturing 10 Clinical Activities 99 Other:

13 Actual date you entered the United States:

14 Start date of your immigration status for this primary purpose:

15 Projected last day in the United States for this primary purpose:

16 Current Visa Number:

17 Income Producing Activity: (e.g. Chemistry Professor)

18 For consultants/self employed individuals:
 Do you/will you have an office (fixed base) in the USA? YES NO
 If yes, how many days in the tax year will you have the office?

19 Are you a full-time student?
 Undergraduate Masters Doctoral
 Other N/A

20 Country of tax residence: (may differ from line 7)
 Did tax residency end during the year? YES NO
 If yes, when?

21 Spouse in the U.S.? YES NO
 Number of Dependents:

PRIOR VISA AND IMMIGRATION STATUS INFORMATION

22 Please list all periods of stay in the U.S. during the last three calendar years, and all F, J, M, or Q visa periods since January 1, 1985. (For additional space use Attachment 1 on the following page.)

Please check here if you have made *no* prior visits to the United States since January 1, 1985.

Date of Entry: (Month/Day/Year)	Date of Exit: (Month/Day/Year)	Visa Immigration Status: (See Below)	J-1 Subtype: (See Below)	Primary Purpose: (See Below)	Have you taken any treaty benefits?
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO

VISA IMMIGRATION STATUS:

U.S. Immigrant/Permanent Resident B-1/B-2 Business/Tourism	F-1 Student J-1 Exchange Visitor	VWB/VWT Visa Waiver Other (input brief description)
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J-1 SUBTYPE:

01 Student 02 Short-Term Scholar	05 Professor 12 Research Scholar	Other (input brief description)
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PRIMARY PURPOSE:

01 Studying in a Degree Program 02 Studying in a Non-Degree Program 03 Teaching 04 Lecturing	05 Observing 06 Consulting 07 Conducting Research 10 Clinical Activities	11 Temporary Employee 12 Here with Spouse 16 Tourist Activities Other (input brief description)
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23 If your country has a tax treaty with the U.S., but you elect not to use the benefits, please initial here:

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form, I must complete and submit a new International Information Form to the proper department.

Signature:

Date:



DEPAUL UNIVERSITY

Accounts Payable

1 East Jackson Boulevard, Chicago, Illinois 60604-2287

312/362-5336

Vendor ACH/Direct Deposit Enrollment/Change Form

Forward completed forms to email: accountspayable@depaul.edu or fax: 312-362-8440

PAYEE / VENDOR INFORMATION

***Required Field**

STATUS (Check one): <input type="checkbox"/> NEW DIRECT DEPOSIT <input type="checkbox"/> CHANGE EXISTING <input type="checkbox"/> STOP / CANCEL DIRECT DEPOSIT			
NAME		BUSINESS NAME / DISREGARDED ENTITY NAME	
MAIN ADDRESS		REMIT TO ADDRESS <input type="checkbox"/> Same as MAIN ADDRESS	
CITY, STATE, & ZIP CODE		CITY, STATE, & ZIP CODE	
TELEPHONE NUMBER	FAX NUMBER		EMAIL ADDRESS
CONTACT NAME		TAXPAYER ID NUMBER EIN/SSN	
ADDITIONAL INFORMATION			

ELECTRONIC PAYMENT INFORMATION & AUTHORIZATION

BANK NAME		ACH Account Type <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	
BANK ADDRESS		BANK CITY, STATE, & ZIP CODE	
BENEFICIARY NAME ON ACCOUNT		*EMAIL FOR REMITTANCE NOTIFICATION	
ROUTING/ ABA		ACCOUNT NUMBER	
TELEPHONE NUMBER		FAX NUMBER	
SIGNATURE	PRINT NAME	TITLE	DATE

GENERAL INSTRUCTIONS:

- ✓ **A valid email is mandatory to qualify for ACH payments.**
- ✓ DePaul University complies with National Automated Clearing House Association (NACHA) regulations.
- ✓ Submit a new Vendor ACH form for changes to your banking information. Check the CHANGE EXISTING box at the top. Deposits will continue into your present account until DePaul University's Accounts Payable department has been notified that banking information has changed. Do not close the old account until the first transaction has been deposited into your new account.
- ✓ For questions or concerns call 312-362-5336 or email accountspayable@depaul.edu.