

University of Alaska Foreign Entity Form

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

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
 Partnership Estate

International Organization Foreign Government - Integral Part
 Tax Exempt Organization Foreign Government - Controlled Entity

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What is the expected payment for all activity in the current calendar year, whether activity

_____ Please describe all activity that will be occurring in the United States during th e cur

Zip Code: _____

Postal Code: _____ Province (Canada Only): _____

To be completed by all.

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

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: _____