

Texas A&M University-Corpus Christi

Certificate of Foreign Status/Review of Foreign Status

Note: Do not use this form if you are a U.S. citizen or other U.S. person including a Permanent Resident Alien. Instead, you must fill out the W9 form

Description of Payment: _____

Part I

- | | |
|--|---|
| 1 _____
Name of Individual or Organization Receiving Payment | 2 _____
Country of Residence, Incorporation or Org |
| 3 _____
Permanent Residence Address (street, apt, etc.) | |
| 4 _____
City or Town, State or Province. Include postal code where appropriate. | 5 _____
Country (do not abbreviate) |
| 6 _____
Mailing Address (If different from above) | 7 _____
Email Address (Required) |
| 8 _____
City or Town, State or Province. Include postal code where appropriate. | 9 _____
Country (do not abbreviate) |
| 10 _____
U.S Taxpayer identification number if any | 11 _____
Foreign Tax Id Number, if any. Required |

12 Type of owner: (Mark the appropriate box)

Individual Corporation Partnership Government International Org Tax-Exempt Org Foreign University

Other (Please Describe) _____

Part II

Complete this section to certify your physical location while providing services or goods to Texas A&M University -Corpus Christi

I, _____

- I am not a U.S. citizen or permanent resident alien, and
- All the services I perform for Texas A&M University are performed in _____
Country you are performing services

Part III

Under penalties of perjury, I declare that I have examined the information on the form & to the best of my knowledge & belief it is true, correct, & complete. I further certify under penalties of perjury that:

- I am the recipient, or 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 as an individual that is an owner or account holder of a foreign financial institution,
- The person(s) name 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 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,

Furthermore, I authorize this form to be provided to Texas A&M University-Corpus Christi, who as a withholding agent, can disburse or make payments of the income of which I am the recipient, beneficial owner, or representative of the beneficial owner

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

Capacity in which acting _____

Date _____

When the form is completed, please email to VendorCare@tamucc.edu

Instructions for the Certificate of Foreign Status/Review of Foreign Status

Note: Do not complete this form if you are a U.S. Citizen or other U.S. Person including a Permanent Resident Alien. Instead, you must fill out the W9 form found on the Financial Management Operations website

Part I

- Line 1** If you are an individual, enter your first and last name (family name). If not an individual, enter name of corporation or organization receiving payment.
- Line 2** If you are an individual, enter your Country of Residence. If you are a corporation enter the country of incorporation. If you are another type of entity, enter the country under whose laws you are created, organized or governed.
- Line 3** Enter your permanent residence address. If you are an individual, your permanent address is where you normally reside. If you are not an individual, your permanent residence address is normally where you maintain your principal office.
- Line 4** Enter your permanent residence City or town, state or providence. Include postal code where appropriate.
- Line 5** Enter your permanent residence country (do not abbreviate).
- Line 6** Enter the address where you receive your mail only if it is different from your permanent residence address. Leave blank if your mailing address is the same as the address entered in Line 3.
- Line 7** Enter the email address of the signee of this form.
- Line 8** Enter your permanent residence City or town, state or providence. Include postal code where appropriate.
- Line 9** Enter your permanent residence country (do not abbreviate).
- Line 10** Enter your U.S. Taxpayer Identification number if you have one, if not, leave blank. Usually, an individual would enter a Social Security Number (SS) or Individual Taxpayer Identification number (ITIN). If you are not an individual, you may have an Employer Identification Number (EIN)
- Line 11** If your country has issued you a tax identifying number, enter it here. If not, leave blank.
- Line 12** Check the box that applies.

Part II

Please complete this section if you are a vendor providing goods or services outside of the U. S. and will not be traveling to TAMU-CC for any portion of the service period. **Do not complete this section if you will be providing services inside the US. If you will be traveling to the US, we will need to create a GLACIER account and obtain additional documentation.**

Part III

This form must be signed and dated by the individual listed on Line 1. If the name listed in Line 1 is not an individual, then the form must be signed & dated by authorized representative or officer of the entity listed in Line 1. If the form is not signed the form will not be considered valid.

If you should have any questions, please email your questions to VendorCare@tamucc.edu

When the form is completed, please email form to [Vendor Care@tamucc.edu](mailto:VendorCare@tamucc.edu).