

# Foreign Individual Payee/Substitute W-8BEN



LAST UPDATED 1/2023

This form should be completed for all new foreign individuals/payees, and updates/changes to existing foreign individuals/payees. This form collects all relevant information and may act as a substitute W-8BEN form. **If applying for a tax treaty exemption, also complete the full Form 8233.**

## 1. Foreign Individual Information

NAME OF INDIVIDUAL		EXISTING SUPPLIER ID NUMBER (REQUIRED FOR EXISTING PAYEES)	FOREIGN TAXPAYER ID NUMBER (REQUIRED)
DATE OF BIRTH	COUNTRY OF CITIZENSHIP		U.S. TAXPAYER IDENTIFICATION NUMBER (IF APPLICABLE)
PERMANENT STREET ADDRESS		For existing payees: Is this an additional address or an update to an existing address? <input type="checkbox"/> Update <input type="checkbox"/> Additional	
CITY	STATE/PROVINCE	POSTAL CODE	
COUNTRY	PHONE	EMAIL ADDRESS FOR PURCHASE ORDERS	
WHERE WILL SERVICES BE PROVIDED? <input type="checkbox"/> In the U.S. <input type="checkbox"/> Outside the U.S. <small>(This should match the Limited Engagement or Service Agreement form where applicable.)</small>		VISA TYPE	

## 2. Payment Selection (Choose one payment method)

- Wire: For foreign bank payments only. Bank account accepts:  USD  NON-USD (Specify Non-USD Currency):
- ACH: For US bank payments only.

**PLEASE PROVIDE BANKING INFORMATION BELOW:**  Please check here and attach appropriate paperwork if an intermediary bank is required.

Name of the bank account holder below must match the individual's name provided in Section 1 of this form.

NAME OF BANK ACCOUNT HOLDER	BANK NAME	COUNTRY
PAYMENT CONFIRMATION EMAIL ADDRESS (REQUIRED)	BANK ADDRESS	
CITY	STATE/PROVINCE	POSTAL
ROUTING SWIFT/BIC (WIRE) ROUTING (ACH) (REQUIRED)	ACCOUNT NUMBER OR IBAN (ONE IS REQUIRED)	
<ul style="list-style-type: none"> <li>• CANADA ONLY: BANK CODE &amp; TRANSIT CODE</li> <li>• HONG KONG &amp; SINGAPORE ONLY: BRANCH CODE</li> </ul>	<ul style="list-style-type: none"> <li>• INDIA ONLY: IFSC CODE</li> <li>• AUSTRALIA ONLY: BSB CODE</li> </ul>	<ul style="list-style-type: none"> <li>• UK ONLY: SORT CODE</li> </ul>

## 3. Independent Contractor Certification (Required for Independent Contractors Only)

a. I AM NOT CURRENTLY AN EMPLOYEE OF PRINCETON UNIVERSITY, NOR HAVE I RECEIVED PAYMENTS FROM THE UNIVERSITY WITHIN THE LAST YEAR.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. I WILL RECEIVE A FLAT FEE FOR MY SERVICES.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. I WILL CONTROL THE MANNER AND THE DIRECTION IN WHICH THE SERVICES WILL BE PROVIDED.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. I ROUTINELY PROVIDE THE SAME OR SIMILAR SERVICES TO OTHER (NON-PRINCETON) CUSTOMERS AS PART OF A CONTINUING TRADE OR BUSINESS.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. I AM RESPONSIBLE FOR SUPPLYING (AND PAYING FOR) ANY EQUIPMENT AND/OR WORKERS REQUIRED TO PROVIDE THE SERVICES.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. I WILL UTILIZE UNIVERSITY SPACE AND/OR OTHER FACILITIES TO PERFORM MY SERVICES.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. ALL EXPENSES INCIDENTAL TO THE PERFORMANCE OF MY DUTIES FOR THE UNIVERSITY, INCLUDING TRAVEL EXPENSES, ARE TO BE BORNE BY ME (UNLESS REIMBURSEMENT IS PERMITTED IN THE TERMS OF THE CONTRACT AND INVOICED WITH APPROPRIATE DOCUMENTATION).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. I AM PROVIDING ADDITIONAL INFORMATION WHICH MAY BE RELEVANT TO THE DETERMINATION OF MY STATUS AS AN INDEPENDENT CONTRACTOR (E.G., COPIES OF INVOICES TO OTHER CUSTOMERS, NEWSPAPER AND/OR YELLOW PAGES ADVERTISEMENTS, BUSINESS CARDS, ETC).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. I AM NOT ECONOMICALLY DEPENDENT ON PRINCETON UNIVERSITY.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby certify that I am entitled to claim independent contractor status and that I have complied with all business licensing requirements. I certify that I pay my own federal, state, and city income/social security and other taxes in accordance with estimated tax payment requirements. I acknowledge that, as an independent contractor, I am not eligible for workers compensation, unemployment compensation or other University employee benefits. I understand that the University will issue a Form 1099-MISC to independent contractors who receive over six hundred dollars in remuneration during a calendar year. If a Foreign National or Entity, then I expect to receive a 1042-S reporting form. I acknowledge that providing false information will result in my not being eligible to contract with the University in the future, and may result in further penalties. \*Check for Certification  Yes

4. Substitute W-8BEN Perjury Statement

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.

5. Payee Certification

To be signed only by persons authorized to complete this form. This form is valid for three years from time of signature.

PRINT NAME & TITLE

SIGNATURE

DATE

- Payees: Complete and submit this form to your contact at Princeton University.
University employees: Upload and submit the completed document via the supplier request form in the Prime Marketplace.