



# THE TEXAS A&M UNIVERSITY SYSTEM

## Certificate of Foreign Status

Do not use this form if you are a U.S citizen or other U.S. person, including a resident foreign individual. Instead you must use the W9 form found on the FMO Vendor Setup web page at [FMO-AP Vendor Setup](#)

Description of Payment: \_\_\_\_\_ System Member: \_\_\_\_\_

### Part 1

1 \_\_\_\_\_ 2 \_\_\_\_\_  
Name of Individual or Organization Receiving Payment Country of Residence, Incorporation or Org

3 \_\_\_\_\_  
Permanent Residence Address (street, apt, etc.)

4 \_\_\_\_\_ 5 \_\_\_\_\_  
City or Town, State or Province. Include postal code where appropriate. Country (do not abbreviate)

6 \_\_\_\_\_  
Mailing Address (If different from above)

7 \_\_\_\_\_ 8 \_\_\_\_\_  
City or Town, State or Province. Include postal code where appropriate. Country (do not abbreviate)

9 \_\_\_\_\_ 10 \_\_\_\_\_  
U.S Taxpayer Identification number, if any Foreign Tax Id Number, if any (optional)

### 11 Type of owner: (Mark the appropriate box)

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

Other (Please Describe) \_\_\_\_\_

### Part II

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 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 as an individual that is an owner or account holder of a foreign financial institution,
- 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 a 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 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 of any certification made on this form becomes incorrect.**

\_\_\_\_\_  
Signature of Beneficial owner (or individual authorized to sign for beneficial owner) Capacity in which acting

\_\_\_\_\_  
Date

**When the form is completed please mail or Fax the form(s) to: Texas A&M University, FMO-AP, TAMU MS 6000, College Station, TX 77843-6000  
979-458-4191 fax for questions please email [vendorhelp@tamu.edu](mailto:vendorhelp@tamu.edu) (rev 09/2017)**



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## Instructions for the Certificate of Foreign Status

**Note:** Do not complete this form if you are a U.S. Citizen or other U.S. Person including a Resident Foreign Individual. Instead you must fill out the W9 form found on the Financial Management Operations website [FMO-AP Vendor Setup](#)

### 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 your permanent residence City or town, state or providence. Include postal code where appropriate.
- Line 8** Enter your permanent residence country (do not abbreviate).
- Line 9** 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 10** If your country has issued you a tax identifying number, enter it here. If not, leave blank.
- Line 11** Check the box applies.

### Part II

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 [fmo-ir@tamu.edu](mailto:fmo-ir@tamu.edu) .

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979-458-4191 fax for questions please email [vendorhelp@tamu.edu](mailto:vendorhelp@tamu.edu) (rev 09/2017)*