



### Certificate of Foreign Status

- 06 – Research     07 – Extension     20 – TVMDL
- 06 – Concur     07 – Concur     20 – Concur

Do not use this form if you are a U.S. citizen or other person, including a resident alien individual. Instead, you must use the Substitute W-9 (AG-217) form found on Texas A&M AgriLife Disbursements Web site.

**Part I** -----

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

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 Identifying Number, if any (optional)*

11. Type of Owner: (Mark the appropriate box)

- Individual                       Corporation                       Partnership                       Government                       International Organization
- Tax-Exempt Organization     University                       Other (Please describe) \_\_\_\_\_

**Part II** -----

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 recipient, or beneficial owner, or am authorized to sign for the beneficial owner, of the payment or income to which this form relates.
- The recipient or beneficial owner is not a U.S. person (U.S. Citizen, U.S. Corporation, Resident Alien, etc.).
- This payment or income to which this form relates is for services performed or royalties used outside of the United States.

Furthermore, I authorize this form to be provided to Texas A&M AgriLife/Texas A&M Veterinary Medical Diagnostic Laboratory, 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)*

\_\_\_\_\_  
*Date (MM-DD-YYYY)*

\_\_\_\_\_  
*Capacity in which acting*

**Submit via Laserfiche, WIP-DISB/Vendor Request or Mail/ Fax to:**

Texas A&M AgriLife Disbursements  
2147 TAMU  
College Station, TX 77843-2147  
Fax: 979-458-3242

**Email Questions to:**  
vendorrequest@ag.tamu.edu

### **Instructions for Certificate of Foreign Status (AG-228)**

Do not use this form if you are a U.S. citizen or other person, including a resident alien individual. Instead, you must use the Substitute W-9 (AG-217) form found on Texas A&M AgriLife Disbursements Web site.

**Submit completed form via Laserfiche, WIP-DISB/Vendor Request**

**or**

**Mail/Fax Completed Form to:**  
Texas A&M AgriLife Disbursements  
2147 TAMU  
College Station, TX 77843-2147  
Fax: 979-458-3242

**Please Email any Questions to:**  
vendorrequest@ag.tamu.edu

#### **Specific Instructions:**

##### **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 3-5:** 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 6-7:** Enter the address where you receive 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 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 (SSN) 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 that 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 and dated by an authorized representative or officer of the entry listed in Line 1.