



**Required Foreign National Information for Payments Processed via Disbursements for Non-Employees**

Date: \_\_\_\_\_

1. First Name, Last Name: \_\_\_\_\_ 2. Email Address: \_\_\_\_\_
3. US Address (If any): \_\_\_\_\_
4. Foreign Address: Street: \_\_\_\_\_  
City or town, state or province: \_\_\_\_\_ Country: \_\_\_\_\_
5. Country of Citizenship: \_\_\_\_\_ 6. Country of Tax Residence: \_\_\_\_\_
7. Date of Birth (MM-DD-YYYY) \_\_\_\_\_ 8. Reference number(s), if any \_\_\_\_\_
10. U.S. taxpayer identification number (SSN or ITIN), if any \_\_\_\_\_
11. Foreign tax identifying number (TIN), if any \_\_\_\_\_
12. Immigration Status for 20XX (which type if J1 status): \_\_\_\_\_
13. Residency Status for tax purposes (nonresident or resident): \_\_\_\_\_
14. When will you be in the United States: \_\_\_\_\_

**Certification:**

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 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 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.**

**Sign Here**

\_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

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

\_\_\_\_\_  
Print name of signer

\_\_\_\_\_  
Capacity in which acting (if form is not signed by beneficial owner)

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