

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

► **For use by individuals. Entities must use Form W-8BEN-E.**
► **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III 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 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.**

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)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Please return completed form to: Colorado State University, Procurement Services
 smallbusiness@colostate.edu FAX (970) 491-5523

PRINT or TYPE	Legal Company Name: _____	DBA Name: _____
	Check appropriate box: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
	Address (number, street and apt. or suite no.) _____	
	City, State, and ZIP code _____	
	Employer Identification Number - -	DUNS Number _____

Business Size: (check one) Large Small Public Sector

Small Business Classification:

- | | |
|---|--|
| <input type="checkbox"/> Woman-Owned Small Business
<input type="checkbox"/> Veteran-Owned Small Business
<input type="checkbox"/> Service-Disabled Veteran-Owned Small Business
<input type="checkbox"/> Alaskan Native Corporation or Indian Tribe
<input type="checkbox"/> Foreign – A concern which is not incorporated in the United States or an unincorporated concern having its principal place of business outside the United States. | <input type="checkbox"/> Small Disadvantaged Business
<input type="checkbox"/> Historically Black College or University
<input type="checkbox"/> HUB Zone Small Business, S B A Certified
<input type="checkbox"/> Minority Business Enterprise
<input type="checkbox"/> Woman Business Enterprise |
|---|--|

	NAICS Code - 6 digits	NAICS Description	Small Business (Y/N)?
Primary			

Commodity: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising/Marketing Services | <input type="checkbox"/> Hospitality/Events/Food & Beverage | <input type="checkbox"/> Scientific/Research/Laboratory |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Human Resources & Personnel Services | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Construction & Related Services | <input type="checkbox"/> IT | <input type="checkbox"/> Transportation/Automotive |
| <input type="checkbox"/> Facilities/MRO | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Furniture & Furnishings | <input type="checkbox"/> Printing/Publications/Promo | |

Certification: Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

NOTICE: Under 15 U.S.C. § 645(d), any person who misrepresents its size or socioeconomic status shall be (1) punished by a fine, imprisonment, or both; (2) subject to administrative remedies; and (3) ineligible for participation in programs conducted under the authority of the Small Business Act.

X _____
 Signature of Authorized Representative

 Date

 Name (printed or typed)

 Title

() ()

 Telephone Fax

 E-Mail Address

INSTRUCTIONS

Please complete the top section of the certification form, providing as much information as possible, including your **DUNS number**. Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine-digit identification number, for each physical location of your business. D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

Small Business Classification Definitions:

Small Business (SB) - A Small Business that is independently owned and operated by an American citizen and which is not dominant in its field of operation. The size definition will vary from industry to industry and is based on the North American Industry Classification System (NAICS) codes either by number of employees or gross annual sales. The website for Size Standard and NAICS lookup is:

https://eweb1.sba.gov/naics/dsp_naicssearch2.cfm

Small Disadvantaged Business (SDB) - An SB that is at least 51% owned and operated, or in the case of any publicly owned business, at least 51% of the stock of which is owned and operated by socially and economically disadvantaged individual or individuals. African Americans, Hispanic Americans, Asian Pacific Americans, Subcontinent Asian Americans, and Native Americans are presumed to qualify. Other individuals can qualify if they show a "preponderance of the evidence" that they are disadvantaged. All individuals must have a net worth of less than \$750,000, excluding the equity of the business and primary residence. The website is: <http://www.sba.gov/sdb/indexaboutsdb.html> Must be certified as SDB by the Small Business Administration.

Women-owned Small Business - An SB that is at least 51% owned and operated by one or more women, or, in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more women

Historically Underutilized Business Zone Small Business (HUBZone) - An SB with its principal office located within a HUBZone, which includes lands on federally recognized Indian reservations; owned and controlled by one or more U.S. citizens and at least 35% of its employees must reside in a HUBZone. The website is: <https://eweb1.sba.gov/hubzone/internet/> Must be certified as HUBZone by the Small Business Administration.

Veteran-owned Small Business (VOSB) - An SB that is at least 51% owned and operated by one or more veteran(s), or, in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more veterans, who actively served in the U.S. military, naval, or air service and were honorably discharged. The website is: <http://www.sba.gov/VETS/>

Service-Disabled Veteran-owned Small Business - Same criteria as VOSB except the veteran has a disability that is service-connected.

NAICS Code: Provide your primary North American Industry Classification System ("NAICS") codes, descriptions and size standard for the products or services that your company is providing. In addition, provide any other NAICS codes that you can be considered for doing business with Colorado State University. NAICS codes are needed for the Summary Subcontract Report breakout report that we are required to submit to the government annually pursuant to FAR 52.219-9(1)(2)(iii).

For legal definitions and assistance, contact your local Small Business Administration office. In Colorado, it is S B A, Colorado District Office, 721 19th Street, Suite 426, Denver, Colorado 80202, telephone 303-844-2607.