

PAYROLL INFORMATION FOR GUEST ARTIST

Performing Arts

This form MUST be completed for all guest artist Payments. The following fields with * indicate **required** information from the guest. Any field left blank may cause delay of payment.

Note this form may not be used for current students or UI employees.

Last Name*	First Name*	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a US Citizen? Yes No * If NO, what Visa type will you be traveling on? If you have a Green Card, please enter dates: Email

If you are **NOT** a US citizen, you are required to bring your immigration documents to the Performing Arts Business Office before payment can be processed. Address and contact information are provided at the bottom of this form.

Address *

City	State	Zip	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following information is required from faculty sponsor regarding services provided:

Faculty Sponsor Name	Department (Dance, Music or Theatre)	Funding Source and/or MFK
<input type="text"/>	<input type="text"/>	<input type="text"/>

Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Total Fee (\$)	<i>Fee to be paid approximately 2-4 weeks after services provided.</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Description of Services:

Your signature below indicates that you agree to allow broadcast and distribution of your performance on the UITV non-commercial public access television channel, on Iowa Public Radio, or via live stream at the discretion of the University of Iowa. Exceptions or exclusions to this must be noted at signing. In addition, for guests of the School of Music, signing below indicates you agree to release the recording of your performance for duplication by the School of Music Recording Studio. If restrictions are to apply, please notify the recording studio within 48 hours of the performance.

Guest Signature	Date (mm/dd/yyyy)
<hr/>	<hr/>

Faculty Sponsor Signature	Date (mm/dd/yyyy)
<hr/>	<hr/>

Jac Albrecht (Performing Arts Administrator)	Date (mm/dd/yyyy)
<hr/>	<hr/>

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions. **Requester's name and address**

6 City, state, and ZIP code

7 List account number(s) here (optional)

The University of Iowa-Accounts Payable/Purchasing
202 Plaza Centre One
Iowa City, IA 52242-2500
Fax - 319-335-2443 purchasing-vendor@uiowa.edu

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

				-			-						
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OR

Employer identification number

				-																
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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Effective Date: _____

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► _____	Date ► _____
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Authorization for Electronic Vendor Payments (ACH)

We ask vendors to accept electronic transfer payments to the financial institution of your choice, anywhere in the United States. Please complete the information below authorizing the ACH payment process between The University of Iowa and your company. This authority remains in effect until written notice is given to cancel, change, or stop the service. The University of Iowa is not responsible for any delay, loss of funds or overdraft charges due to incorrect banking information provided on this form.

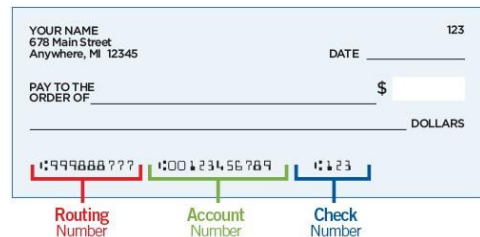
Complete the following bank information to receive payments electronically

Bank Name: _____

Bank Routing #: _____

Account #: _____

email for payment notification (2 max): _____



- Compliance**
- To comply with International ACH Transaction (IAT) rules, you must notify The University of Iowa if ACH-disbursed funds are being transferred from a United States financial institution to a financial institution in another country.
 - The particular rules are pursuant to requirements of the Office of Foreign Assets Control. In order for The University of Iowa to comply with the IAT rules and the applicable United States laws, you must answer the following question:

Will the ENTIRE electronic payment(s) from The University of Iowa be transferred to a foreign bank account? No Yes