

PAYROLL INFORMATION FOR GUEST ARTIST Division of 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)			
Are you a US Citizen?	mail					
Yes No * If NO , what Vis	sa type will you be traveling	on? If you have a Gree	en Card, please enter dates:			
If you are NOT a US citizen, you are requir be processed. Address and contact inform			PA Business Office before payment can			
Address *						
City	State	Zip	Date of Birth (mm/dd/yyyy)			
The following information is re						
	partment (Dance, Music	c or Theatre) Total Fee (\$)	Funding Source and/or MFK Fee to be paid approximately			
			2-4 weeks after services provided.			
Description of Services:						
Your signature below indicates that you agree access television channel, on Iowa Public Radi must be noted at signing. In addition, for gue performance for duplication by the School of Mours of the performance.	o, or via live stream at the dise ests of the School of Music, sig	cretion of the University Ining below indicates y	of Iowa. Exceptions or exclusions to this ou agree to release the recording of your			
Guest Signature		Date (mm/dd/yyyy)				
Faculty Sponsor Signature		Date (mn	Date (mm/dd/yyyy)			
Rosie Ver Steegh Signature (DPA Adı	ministrator)	Date (mn	Date (mm/dd/yyyy)			

Form W-9 Substitute (Rev. November 2017) Department of the Treasury Internal Revenue Service

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.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave the	his line blank.									
ري	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.					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
type:	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC				Exempt payee code (if any)						
See Specific Instructions on page	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.					Exemption from FATCA reporting code (if any)					
	☐ Other (see instructions) ▶					(Applies to accounts maintained outside the U.S.)					
	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name										
	6 City, state, and ZIP code	202 low	The University of lowa-Accounts Payable/Purchasing 202 Plaza Centre One lowa City, IA 52242-2500 Fax - 319-335-2443 purchasing-vendor@uiowa.edu								
	7 List account number(s) here (optional)	our criusirig v	- Cridor & drovi	ru.cuu							
Part I Taxpayer Identification Number (TIN)					aveit, avenue la co						
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					ecurity number						
sider	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, la	iter. For other		-							
กแแes //N, lat	, it is your employer identification number (EIN). If you do not have a number, see er.	e now to get a	or								
	the account is in more than one name, see the instructions for line 1. Also see M	Vhat Name and	Employer	identificat	ion number	r					
umbe	r To Give the Requester for guidelines on whose number to enter. Effective Date:		_	-							
Part	Certification						•				
	penalties of perjury, I certify that:										
. I am Serv	number shown on this form is my correct taxpayer identification number (or I am not subject to backup withholding because: (a) I am exempt from backup withholice (IRS) that I am subject to backup withholding as a result of a failure to reportinger subject to backup withholding; and	olding, or (b) I ha	ave not been n	otified by	the Interna						
	a U.S. citizen or other U.S. person (defined below); and										
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FAT	TCA reporting is	correct.								
ertific ou hav cquisi	ration instructions. You must cross out item 2 above if you have been notified by the refailed to report all interest and dividends on your tax return. For real estate transtion or abandonment of secured property, cancellation of debt, contributions to an an interest and dividends, you are not required to sign the certification, but you must property.	e IRS that you are actions, item 2 c individual retiren	e currently subje does not apply nent arrangeme	For morto	gage interes and genera	st paid, Ily, payn					
ign lere	Signature of U.S. person ▶	Date	>								
uth	orization for Electronic Vendor Payments (ACH)										
Ve ask elow a ancel,	vendors to accept electronic transfer payments to the financial institution of your choicular the ACH payment process between The University of Iowa and your compactange, or stop the service. The University of Iowa is not responsible for any delay, losed on this form. Complete the following bank information to recommendation.	any. This authorit s of funds or over	cy remains in eff draft charges d	ect until w ue to incor	ritten notic	e is give	n to				
	Bank Name:	YOUR NAME 678 Main Str Anywhere, M	eet		DATE	123					
Bank Routing #:			1 12345		\$						
	Account #:	1			Do	OLLARS					
email for payment notification (2 max):			8777 10012345	6789 :	123						
		Routir Numb			heck umber						
Com	pliance	of laws if ACII di	ichurcod fur-l-	ro boine t	ransfarrs - 1	II	:4				

• 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