



UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
W-9 SUBSTITUTE

MEDICAL RESIDENT FICA REFUNDS

Form Must Be Printed Or Typed

Complete and return/fax to:

Medical Resident FICA Project
The University of Oklahoma Health Sciences Center
PO BOX 26901, SCB 223
Oklahoma City, OK 73126-0901
E-mail residentficaproject@ouhsc.edu Fax (405) 271- 2366

Type of Payee (check one):

FORMER MEDICAL RESIDENT CURRENT HSC FACULTY/STAFF

Name of Individual Name on Social Security Card (if different)

Physical Address (Required), City State, Zip (9-digit required) Mailing address (if different), City, State, Zip (9-digit required)

Phone # Fax# E-Mail Address

SUPPLEMENTAL INFORMATION - ALL INDIVIDUALS OR PAYEES

U.S. Taxpayer Identification Number (TIN): The TIN provided must match the Name of Individual provided above to avoid backup withholding. For individuals, this is your Social Security Number (SSN) or Individual Tax Identification Number (ITIN). An ITIN is provided to non-resident aliens for tax purposes.

SSN: or ITIN:

Check the box below that best describes your residency status.

NOTE: Non-resident alien individuals must contact ResidentFICAproject@ouhsc.edu

Citizen of the United States Permanent Resident of the United States Resident alien for tax purposes of the United States
- Must provide copy of green card -Must provide Passport, Visa, & I-94 copies AND complete the Substantial Presence Test listed below

Definitions (IRS Publication 515)

Resident Alien: An alien who meets either the green card test or the substantial presence test for the calendar year.

Green Card Test: If you were a lawful permanent resident of the U.S. at any time during the year (held a "green card" or immigrant visa), you are a resident alien.

Substantial Presence Test: MUST BE COMPLETED BY RESIDENT ALIENS

Number of days in the United States during current calendar year
Number of days in the United States during first preceding calendar year
Number of days in the United States during second preceding calendar year

For F and J visa types, please provide entry/departure history since January 1, 1985

Non-Resident Alien: An individual who is not a U.S. citizen or a resident alien.

AP USE ONLY
Total Days
Approved Denied
Name

SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

- 1. 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
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.
3. I am a U.S. person (including a U.S. resident alien).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.

Signature of person named above Date

For office use only:
Administration Finance Approval:
REV. 07/15/13