



Legal name of individual or organization that is the beneficial owner of the payment received:

Are you a U.S. citizen or resident for tax purposes? _____ Yes _____ No

(Note: If above question is yes – this form is N/A. Please just complete [Supplier Information Form](#))

Please Check the Applicable Box:

- This payment relates solely to the purchase of goods, inventory, equipment, materials or supplies, and/or related shipping charges. Country shipped from: _____(Country Name)
- The following activities performed for Emory University from _____ (mm/dd/yyyy) through _____ (mm/dd/yyyy) were performed entirely **OUTSIDE** the United States in the country of _____ (Country Name) **Note:** if Canada, complete page 2.
- The following activities performed for Emory University from _____ (mm/dd/yyyy) through _____ (mm/dd/yyyy) were performed entirely **INSIDE** the United States.
- The following activities performed for Emory University from _____ (mm/dd/yyyy) through _____ (mm/dd/yyyy) were performed partly outside and partly inside the United States in the country of: _____(Country Name). (if this box is checked, please state on the invoice separate amounts for the non-U.S. and U.S. portion of the services provided).

Brief Description of Goods, Services, or Activities to be provided to Emory University:

- Services
- Scholarship
- Prize/Award
- Supplies/Materials
- Other

Printed Name: _____

Signature: _____ Date: _____

Anticipated Amount to be received: \$ _____

Current Address: _____

Bank Information: Name of Bank: _____

Name on Account: _____ Bank Account #: _____

IBAN (if applicable): _____ SWIFT Code for Bank: _____



Legal name of individual or organization that is the beneficial owner of the payment received:

Are you a Canadian citizen or resident for tax purposes? _____ Yes _____ No

Will you be filing a Canadian tax return as a Canadian tax resident and reporting the payment from Emory as income? _____ Yes _____ No

Brief Description of Services/Activities provided to Emory University and **country** where services were provided (including dates of service):

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.

Printed Name: _____

Signature: _____ Date: _____

Current Address: _____

Canadian Social Insurance Number _____

Recipient's Account Number (if business) _____