

Augusta University Clinical Teacher Payment Form

Clinical Teacher's Name: _____

Social Security Number: _____

* This information is required by the Augusta University Business Office.

Home Address: _____

* Check if this is a new address.

City, State, Zip: _____

Phone Number: _____

Email address(work and personal):

Are you an Augusta University employee? yes no

Are you a Retiree of any Georgia State Retirement Plan? yes no

Are you a citizen of the United States? yes no

School/County/Facility: _____

State Certification Number: _____

Has the Teacher Support and Coaching Endorsement been added to your certificate?

yes no

Augusta University Student's name: _____

Augusta University Student I.D. #: _____

Augusta University Student's major: _____

Semester hosted Augusta University Student: Fall Spring Summer

Provider Signature (required) Date

This form must be returned to Allison Dong.

Fall semester deadline: **September 1**. Check will be mailed at the completion of the semester.

Spring semester deadline: **February 1**. Check will be mailed at the completion of the semester.

Summer semester deadline: **June 10**. Check will be mailed at the completion of the semester.

Options for returning this form:

1. Email to:

aldong@augusta.edu

2. Send via US mail to:

Augusta University
Allison Dong
Summerville Campus, UH 345
1120 15th Street
Augusta, Ga. 30912

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
+	+							

or

Employer identification number								
+								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify 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, and
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. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Augusta University



*Service Agreement Request (SAR) and
Employer/Independent Contractor Classification Checklist
For Professional Service Contract Payments*

The information provided below will assist Augusta University (AU) in determining whether the provider performing the services will be classified for federal, state, and FICA tax purposes as an employee of AU or as an independent contractor. Complete Section I, Section II, Section III, and Section IV as part of the Service Contract.

I. Vendor/ Provider Information

Provider's Name

Social Security #, Tax ID #, or Federal ID #

Provider's Address, City, State, Country, & Zip

Is the provider a USA citizen? Yes No If No: Resident Alien Nonresident Alien

If Nonresident Alien: Country of Residence & Visa Type _____

W9 Form Attached: W8-BEN Form Attached: 8233 Form Attached:

If the Provider is a Nonresident Alien, notify the Tax Specialist, at 706-721-4364.

II. Multiple Relationships with the University System of Georgia

- A. Is the Provider currently employed by the University System of Georgia (USG)? Yes No
- B. During the past 12 months prior to this contract, did the Provider have a USG position (including temporary) that performed the same or similar services? Yes No
- C. Is the Provider receiving Retirement Benefits from past employment with USG? Yes No
- D. Is it currently expected that USG will hire the Provider as an employee immediately following the termination of the Service Contract? Yes No
- E. Is any member of the Provider's immediate family (i.e. spouse, child, or dependent) employed by USG? Yes No

If the answer is "No" to all questions, proceed to Section III.

If the answer is "Yes" to any of the 5 questions, the provider should be classified as an employee and processed through Human Resources.

Provider's Initials:

Date:

Requestor's Initials:

Date:

III. Classification Guidelines

- A. Does the Provider provide the same services to other entities or to the general public as part of a trade or business? Yes No

If the answer is “Yes” continue answering the questions below.

If the answer is “No” the Provider should be classified as an employee and processed through Human Resources.

- B. Will the department provide the Provider with specific instructions regarding performance of the required work rather than rely on the Provider’s expertise? Yes No
- C. Will the department set the number of hours and/or days of the week that the Provider is required to work, as opposed to allowing the Provider to set their own work schedule? Yes No
- D. Will AU conduct any training for the Provider in order for the Provider to perform the contracted task? Yes No
- E. Will the Provider be performing more than one task or project than what is outlined in the attached contract? Yes No
- F. Will the Provider be working on AU premises and will AU provide use of equipment, supplies, utilities, or space to perform the contracted work? Yes No

If the answer is “Yes” to ANY questions B-F, the Provider must provide detailed clarification and attach to this form. Depending on the requested service, a determination will be made by the Controller’s Division as to whether the Provider will be classified as an independent contractor or an employee.

IV. Provider’s Signature

By signing below, I certify that the information and answers, to the best of my knowledge, are accurate and complete. I understand that the information will be used to determine whether the services requested will be processed under a contractual agreement or will be processed through Human Resources as an employee/employer agreement.

Provider’s Name _____
Provider’s Signature _____
Date

V. Funding Information

Dates of Service: From _____ To _____
Reimbursements: Services \$ _____ Expenses \$ _____
Total \$ _____ (Meals reimbursed only at Per Diem Rates)

Provider’s Initials: Date: Requestor’s Initials: Date: