# The University of Tennessee - Knoxville

College of Architecture + Design's 2016/2017 Robert B. Church Lecture Series

**Guest Lecturer Forms** 

Interactive PDF

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W-9
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#### Instructions for Completion of Paperwork:

The information in this PDF is needed to process necessary information prior to your visit.

Please provide this information as soon as possible to allow processing of your Contract. If

we do not receive your documents in a timely manner, your payment could be delayed.

- Once you have filled in all information needed for these documents, please DO NOT click the "Submit" button until you have reviewed all of the information.
- 2. Please review the paperwork to ensure you have not overlooked any information on the following:
  - a. Lecturer Information Form
  - b. W-9
  - c. Business Classification Form: please provide answers for entire page
  - d. Vendor Payment Selection Form
  - e. Worker Classification Questionnaire (WCQ): information on page 2 under Service Provider's Name, Service Provider's Phone, Existing IRIS Vendor Number or Last 4 Digits of SSN as well as the date of your lecture on the last line of the "Description of services to be performed:" section. Additionally, your signature is required on page 6.
- 3. After reviewing all of the information, you may then click "Submit." After we receive your electronic submission, you will receive an email with a link to provide us with your promotional materials.



- 4. Once you have completed the required forms, print all documents and <u>hand-sign all signature</u> required forms in <u>blue ink</u> as we are unable to accept electronic signatures on the listed forms.
  We recommend you save or scan a copy of all documents for your records.
- 5. Return all original documents via FedEx no later than one week after receiving the link to the paperwork information. We must have original documents and original signatures on these forms per university policy. Please send your information to:

Jennifer Flatford UTK - College of Architecture and Design 1715 Volunteer Blvd., Suite 217 Knoxville, TN 37996-2400

If you have any questions, please contact Jennifer Flatford at jflatford@utk.edu or 865-974-5267.

The Office of the Dean
The College of Architecture + Design
1715 Volunteer Boulevard
Knoxville, TN 37996-2400
Phone: 865-974-5267 | Web: archdesign.utk.edu



### **Church Lecture Series Lecturer Information Form**

1.	Nar	me of Lecturer(s):		
2.	Soc	cial Security Number	OR Tax Identification Nu	ımber :
3.	Dat	e of Lecture:		
4.	Hor	norarium amount (include	es airfare to Knoxville):	
5.	Firn	m/Organization:		
6.	Lec	ture Title:		
7.	Lec	ture Abstract (~100 word	ls):	
8.		(~200 words):		
9.	Cor	ntact Info:		
	a.	Email Address:		
	b.	Permanent Address:		
	c.	Cell Phone Number:		
10.	U.S	. Citizen:	Yes	No
11.	If n	ot a U.S. Citizen, Visa Typ	e:	



THE UNIVERSITY OF
TENNESSEE

- 12. If not a U.S. Citizen, Visa Expiration Date:
- 13. Country of Citizenship:
- 14. Assistant's Info (if applicable):
  - a. Name:
  - b. Phone Number:
  - c. Email Address:
- 15. Dates the lecturer will need a hotel room:
- 16. Does the College of Architecture and Design have permission to record your lecture, stream it live, and post it online?
- 17. Would you consider being available for on-site interviews conducted by UT students and/or media?
- 18. Are you interested in an exhibition of your work (if applicable and if availability exists)?

The Office of the Dean The College of Architecture + Design 1715 Volunteer Boulevard Knoxville, TN 37996-2400 Phone: 865-974-5267 | Web: archdesign.utk.edu

Form (Rev. December 2014)
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.

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank.					!				
2	2 Business name/disregarded entity name, if different from above										
ge											
page	3 Check appropriate box for federal tax classification; check only <b>one</b> of the	following seven boxes:			4	Exen	nptions	(code	s ap	ply or	nly to
o	Individual/sole proprietor or C Corporation S Corpora		☐ Trus	t/estat	.   c	ertain	entities ions or	s, not i	ndivi		
oe	single-member LLC				"		payee		,	<b>v</b> )	
₽ĕ	Limited liability company. Enter the tax classification (C=C corporation, S		.,		_  _	-	ion fro				ina
Print or type Specific Instructions on	<b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; of the tax classification of the single-member owner.	check the appropriate box in	n the line al	bove f	or	code (i			<u></u>	ероп	
급급	Other (see instructions) ▶						account			tside th	e U.S.)
Ċ	5 Address (number, street, and apt. or suite no.)		Requeste	er's na	me and	d addr	ess (op	otional)	1		
Spe											
See	6 City, state, and ZIP code										
()	7 List account number(s) here (optional)										
	- List account number (c) here (epitional)										
Par	Taxpayer Identification Number (TIN)										
Enter	our TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to av	U.G	Socia	l secu	rity nu	mber				
	withholding. For individuals, this is generally your social security nu										
	nt alien, sole proprietor, or disregarded entity, see the Part I instructions, it is your employer identification number (EIN). If you do not have a					-		-			
	page 3.	i Humber, see How to ge		r	-		-				
	If the account is in more than one name, see the instructions for line	1 and the chart on page	4 for	Emplo	yer id	entific	ation	numb	er		
	nes on whose number to enter.		Ī								
					-						
Par	II Certification				_		-				
	penalties of perjury, I certify that:								-		
	number shown on this form is my correct taxpayer identification nu	mber (or I am waiting for	a numbe	r to b	e issu	ed to	me):	and			
Se	n not subject to backup withholding because: (a) I am exempt from b vice (IRS) that I am subject to backup withholding as a result of a fail onger subject to backup withholding; and										
3. I aı	n a U.S. citizen or other U.S. person (defined below); and										
4. The	FATCA code(s) entered on this form (if any) indicating that I am exen	npt from FATCA reportir	ng is corre	ect.							
becau interes genera	cation instructions. You must cross out item 2 above if you have be se you have failed to report all interest and dividends on your tax retu t paid, acquisition or abandonment of secured property, cancellation ally, payments other than interest and dividends, you are not required tions on page 3.	urn. For real estate trans n of debt, contributions t	actions, it o an indiv	tem 2 ⁄idual	does retire	not a ment	pply. arranç	For m	iortga nt (IR	age RA), a	and
Sign	Signature of										
Here	U.S. person ►		ate ►	1.0	16. 0	1.0					
	If you need instructions on filling out this form,	go to www.irs.gov/	pub/irs	-pdf/	/tw9.	pdf					
	ot payee code.	1—An organization exer									
	rally, individuals (including sole proprietors) are not exempt from backup	account under section 40	03(b)(7) if	the ac	count	satistie	es the r	equire	men	ts of	section
• Exce	or as provided below, corporations are exempt from backup withholding for	401(f)(2) 2—The United States or	any of its a	ngenci	es or i	nstrun	nentali	ties in	strun	nenta	lities
	payments, including interest and dividends.	3—A state, the District o									
	orations are exempt from backup withholding for certain payments,	their political subdivision						•			•
	ing interest and dividends.	4—A foreign governmen	nt or any of	f its po	olitical	subdi	visions	, agen	cies,	or	
	orations are not exempt from backup withholding for payments made in ent of payment card or third party network transactions.	instrumentalities 5—A corporation									
	orations are not exempt from backup withholding with respect to attorneys'	6—A dealer in securities	or commo	dities	requi	red to	registe	r in th	e Un	ited S	States, the
fees or	gross proceeds paid to attorneys, and corporations that provide medical or	District of Columbia, or	a U.S. com	monv	vealth	or pos	sessio	n 7—A	\ futu	ıres	
	care services are not exempt with respect to payments reportable on Form	commission merchant re		ith th	e Com	modit	y Futu	res Tr	ading	g Cor	nmission
1099-	AISC.	8—A real estate investme		durin	a tha t	av 1700	runda	r tha T	narcci	tmar	t
The fo	llowing codes identify payees that are exempt from backup withholding.	9—An entity registered a Company Act of 1940	at all tillies	uurin	g me t	ал уеа	ı unde	ı me l	nvest	unen	ι
Enter	he appropriate code in the space in line 4	10—A common trust fur	-	d by a	bank 1	under	section	1 584(a	a)		
Litter	he appropriate code in the space in line 4.	11—A financial institution		woot	ant ac	m m	ity oo	0 00-	inaa	or c-	etadia-
		12—A middleman know 13—A trust exempt fron					•				



### Office of the Chief Financial Officer and Treasurer

301 Andy Holt Tower ● Knoxville, Tennessee 37996-0100 ● Phone: 865-974-2302 ● Fax: 865-974-2701

#### **Business Classification Form**

**Introduction:** The State of Tennessee and the U.S. government require The University of Tennessee to report on various types of data related to its suppliers. The University requires this form from all of its suppliers.

Part 1: Basic information:		
Individual's or Company's legal name	e (name on your W-9):	
Doing-Business-As (DBA) name (if ap	plicable):	
Federal ID Number:	(note: do <u>not</u> list Social Security Number	
Email (required):		
Part 2: Business Classification Inform	nation:	
1	by, or eligible to be certified by, the TN Governor les as a Tennessee Diversity Business Enterprise	'S
No, business is not a DBE.  The University will list your be	Stop. You are finished with this form. usiness as "Not a DBE."	
Decline to answer  The University will list your b	Stop. You are finished with this form. usiness as "Undisclosed."	
	nave not applied for certification.	Important: If you are eligible to be certified as a DBE, but have not registered, please contact Mr. Richard Van Norman at
My business is certified as a [	DBE in Tennessee.	Richard.VanNorman@Tn.Gov as soon as possible.
	ase select the DBE classification that correctly BE from the TN Govenror's Office. Choose only <b>one</b> :	
African American		
☐ Asian American☐ Hispanic American		
Native American		
── ☐ Woman Owned		
Small Business		
Service-Disabled Veter	an Business Enterprise	



#### **VENDOR PAYMENT SELECTION FORM**

Please select one of the payment options listed below and provide the necessary information. Both pages of this form must be returned. Please call 865-974-3086, if you need assistance.

Vendor Name:	SSN/FEIN #
Vendor Contact:	EMail:
	(Required For E-Payables and Direct Deposit/ACH)
Phone:	
(Vendor's employee who will be post	ing payments received from the University)
	remittance addresses) that will accept this same st them below (use additional pages if necessary).
	ACH Notification Email:
(For OT use only)	(If different from Vendor Contact Email)
Payment Option Must Select One.	
Vendor must be equipped to process creations of the University credit card number — a plastic balance. However, once an invoice(s) is a account and a secure electronic remittan with approval to charge the card number KEY into their credit card machine the capayment.	method and the terms are "Net 0". For E-payables the edit card payments. The vendor will be supplied a card will not be provided. The account will have a zero approved for payment, funds will be loaded to the ce advice will be sent to the contact listed above along for the amount of the invoice(s). The vendor will then ard number and amount of payment to process the
Is there a dollar limit accepted on card? I	f so, please give limit. \$

(continued on next page)

Direct Deposit, ACH – This payment meth payment will be direct deposited into you date the goods or services were provided, University needs your bank routing number	r bank account 30, whichever is late	O days after the invoi er. To process this inf	ice date or the formation the
your checks. See illustration below.  Bank Name			
Routing # (9 digits)			
PAYTO THE ORDER OF  VIUM FIRMLEN, BUILTING BOOK ACCOUNT NUMBER  BANK ROUTING BANK ACCOUNT NUMBER  U.S. CHECKS  DOLLARS  100.  DOLLARS  100.  DOLLARS  DOLLARS  DOLLARS  NUMBER	pay don sper fror	ecks are the most expering vendors. Payment nestic vendors will only cial circumstances and the Treasurers Office this method are net 40	by checks for y be permitted in requires approval e. The payment terms
Check (for Foreign vendors only)  Certification			
Under penalties of perjury, I certify that the a direct deposit was the method selected, I her automatically deposit payment for invoices in also authorize withdrawal transaction from the deposit, in the event of an overpayment or eneffect until The University of Tennessee has re-	eby authorize T nto our account ne account, limit rroneous deposi	he University of Te at the financial inst ted to the amount it. This authorizatio	ennessee to titution listed. I of the original on will remain in
Signature of Authorized Individual		Date	
Printed Name and Title		_	
Please return form via one of the following:			
<ol> <li>New Vendors Return to University o</li> <li>Existing Vendors Fax to 865974270</li> </ol>		partment requestir	ng information
3. Mail to:	<del>-</del> -		
The University	situ of Topposs		

The University of Tennessee Treasurer's Office 301 Andy Holt Tower Knoxville, TN 37996-0100



# Worker Classification Questionnaire

Individuals who provide a service to the University must be classified as either an **Independent Contractor (IC)** or an **Employee.** 

Completing the questions below will help the University to determine the worker's classification status.

NOTE: It is extremely important that the determination is made prior to the commencement of services.

### Section I. Relationship with the University

	1		
A.	Is this individual a University employee? University employees can only receive royalty payments or payments for clinical trial participation. All other payments should be processed through payroll or an exception obtained from the Treasurer's Office	Yes	√No
В.	Is it currently expected that the University would hire this individual as an employee immediately following the termination of his or her independent contractor services?	Yes Treat as an Employee	√No
C.	During the 6 months prior to the date on which the independent contractor services commenced did the individual have an official University appointment (including temporary)? State statute prohibits payments to ex-employees for services for up to 6 months after being employed by the University.	Treat as an Employee	✓No
D.	Will the individual be teaching a course that is <u>a</u> <u>degree prerequisite for students</u> or <u>provide</u> <u>credit for a University degree?</u>	Yes Treat as an Employee	No
E.	Will they perform research under the direct supervision of a university professor or employee?	Treat as an Employee	No

**If the answer was "Yes" to questions B, C, D, or E – <u>STOP!</u> The person must be compensated through payroll and you do not need to complete this form.** 

For all other answers, proceed to Section II.

Revised 6/10/14 1



# Worker Classification Questionnaire

Section II. Personal/Background Data	
Department Name: College of Architecture + Design	
Prepared by Name: <u>Jennifer Flatford</u>	Preparer's Email: jflatford@utk.edu
Service Provider's Name:	Service Provider's Phone:
Description of services to be performed: <u>G</u>	uest Lecturer for the Robert B. Church III Series
Be as specific as possible to allow prompt Pr	ogram for the College of Architecture + Design on
processing.	<del></del>
Existing IRIS Vendor Number	Last 4 Digits of SSN
Section III. Department Certification	
Section in Bepartment certification	
-	lationship in order to prepare this questionnaire, and I
I certify that I have sufficient knowledge of the re	lationship in order to prepare this questionnaire, and I vice ("IRS") disagree with the classification, the University
I certify that I have sufficient knowledge of the reunderstand that should the Internal Revenue Serv	• • •
I certify that I have sufficient knowledge of the reunderstand that should the Internal Revenue Serv	vice ("IRS") disagree with the classification, the University for any additional compensation (due to gross up, including
I certify that I have sufficient knowledge of the reunderstand that should the Internal Revenue Serving hold my department financially responsible	vice ("IRS") disagree with the classification, the University for any additional compensation (due to gross up, including
I certify that I have sufficient knowledge of the reunderstand that should the Internal Revenue Serving hold my department financially responsible fringe rate), taxes, interest, or penalties that the I	vice ("IRS") disagree with the classification, the University for any additional compensation (due to gross up, including RS or other regulatory bodies might assess.
I certify that I have sufficient knowledge of the reunderstand that should the Internal Revenue Serving hold my department financially responsible fringe rate), taxes, interest, or penalties that the I	vice ("IRS") disagree with the classification, the University for any additional compensation (due to gross up, including RS or other regulatory bodies might assess.  Department Preparer's Signature:



# Worker Classification Questionnaire

Section IV. Check all that apply.
Guest speakers; guest artists and performers; professional models
Athletic game officials, contest judges or assistants
Rental services – facilities or equipment
Financial and legal services provided by individuals who perform these services for the general public
Medical services provided by individuals who perform these services for the general public
Accreditation evaluation services
Photography or graphic services
Provision of goods/products only
Royalties (Can be paid to University employees)
Research Participants (Can be paid to University employees)
Tuning/adjustment of university musical instruments
Prizes/contest award (If payment to UT student, approval from financial aid must be attached)
Court Reporters
Participant at a UT-Sponsored Workshop

## If any services are checked - STOP!! YOU ARE DONE!!

For new vendors, the completed form should be attached to the - create a vendor request transaction in IRIS (ZXK1). For existing vendors, the form should be scanned and sent to the Systems Accounts Payable Office via email at AP\_Vendor@tennessee.edu.

Call 865-974-3086 if you have any questions or need assistance.

If nothing was checked, proceed to Section V below.



# Worker Classification Questionnaire

Section V. Complete only one category, A. OR B. OR C., depending on the type of services to be
performed and then proceed to Section VI.

If you are instructed to "Treat as an Employee," **STOP**! These payments must be processed through payroll, and you do not need to complete this form.

## A. Teacher/Lecturer/Instructor

Has or will the individual be engaged in this capacity fewer than 5 days in a 12 month period?	Yes No  May be an IC Go to 2
2. Will they provide the same or similar services to other entities or to the general public as part of a trade or business?	Yes No  May be an IC Go to 3
3. In performing instructional duties, will the University have any control over the course materials that are used?	☐ Yes

## B. Researcher

Researchers hired to perform services for a University department are presumed to be employees of the University unless they are serving in an advisory capacity.

Will they serve in an advisory capacity with a	Yes No
university professor or employee?	Treat as an IC Treat as an Employee



# Worker Classification Questionnaire

Do they provide the same or similar services     to other entities or to the general public as     part of a trade or business?	Yes No  May Be an IC
2. Will they provide their own tools/supplies/materials to perform the required work?	Yes No  May Be an IC
3. Will they rely on their expertise rather than receive specific instructions from the department regarding performance of the required work?	Yes No  May Be an IC
4. Can they set the number of hours and/or days of the week that they work as opposed to the University setting their work schedule?	Yes No  May Be an IC Treat as an Employee



# Worker Classification Questionnaire

#### Section VI. Independent Contractor Certification (To be completed by person performing service)

I acknowledge that the information on this questionnaire is accurate and that I will be performing any service as an independent contractor and that nothing shall be construed to create an employer/employee relationship. Being an independent contractor, I acknowledge that I would not be eligible for University benefits, and I am responsible for all applicable taxes, and insurance associated with any payments received from the University.

Independent Contractor's Name:	Independent Contractor's Signature:
Date:	

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