New Vendor Registration Foreign or Non-Resident Individuals

1. Click the link in the email from PaymentWorks. If you do not see the email, please check your spam or junk folders or reach out to your payment requester to resend the invite.

SDSU Research Foundation PaymentWorks
Dear Jack McFarland: Initiator has invited you to register as a new vendor to SDSU Research Foundation (Test). Hallo
In order for SDSU Research Foundation (Test) to establish you or your company as a payee or vendor, please <u>click here</u> to register on PaymentWorks, SDSU Research Foundation (Test)'s supplier portal.
Before you begin the registration process, be sure to have the following information available: 1. A valid tax ID (either an EIN or SSN) 2. If you wish to receive electronic (ACH) payments, you will need a copy of a voided check or bank statement.
If you have questions regarding the PaymentWorks platform or specific aspects of the registration process, please review the help documentation or contact Support here.
Thank you for your support.
Sincerely,
SDSU Research Foundation (Test)

2. Click the "**Join Now**" button to start the process.

If you are already registered with a different email address, please click **"Click here to login**," update any old information, and notify the sender that you already have an account.

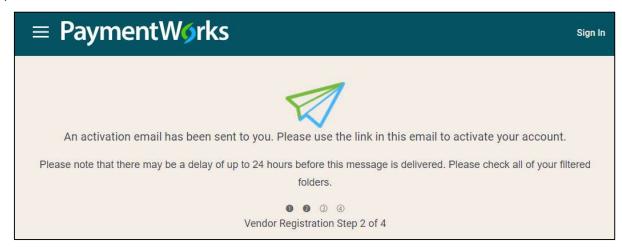


3. Fill out the first step of the application and click **"Join Now**."

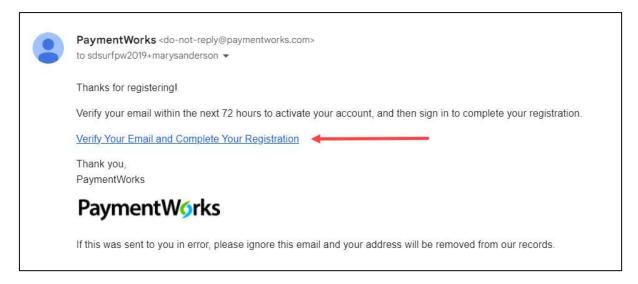
NOTE: Please use the same email address the application was initially sent to.

Your Information	
First Name	Last Name
Company Name / Doing	Business As (optional)
Title	
 Telephone 	
Email	
Confirm Email	
Create Password	
Password	
Confirm password	
🗌 i agre	ee to the Terms of Service

4. After submitting part one, you will receive an activation email at the email address you entered on the previous screen.



5. Click the link in the activation email to validate your email address and be routed to the application.



6. Click "Sign In" to continue the process.

9
Registration Almost Complete!
Click the Sign In button below to access and complete your New Vendor Registration Form.
Sign In
 Ø Ø Ø Ø Vendor Registration Step 3 of 4

7. Use the information you entered previously to log in.

\equiv PaymentWorks	Sign In
Sign In	
Email	
Password	
Sign In	
Forgot password?	



9. As a foreign or non-resident individual, select the first option "Individual, Sole Proprietorship, or Single Member LLC."	Tax Information All fields marked with a red asterisk (*) are required fields. All other fields are optional. Step 9	For tax purposes, which best describes you?* Individual, Sole Proprietorship, or Single-member LLC Corporation or other complex business entity
10. Select your Country of Citizenship.	Step 10	Country of Citizenship* (Country of Incorporation if using EIN) Select an Option Canada
11. Next, select " Foreign Tax ID " as the TIN type.	Step 11	TIN Type* Select an Option Foreign Tax ID Select One Social Security Number (SSN) Individual Taxpayer Identification Number (ITIN) Foreign Tax ID

NOTE: If you do not have a TIN type, please contact PaymentWorks Support at <u>https://community.paymentworks.com/payees/</u> by clicking the "Contact Support" button in the top right corner and requesting a "Placeholder Tax ID."

- 12. Complete the identifying portion of the form.
- 13. Next, fill in your tax ID (or placeholder ID).

Foreign Tax ID	*
Business Legal	Name*
Legal Name is d	efined as your company's official
name	
that appears on	government and legal forms and is
tied to your	
company's Tax I	dentification number.
- Enter Text Here -	
Research Corp	oration
Tax Number*	
Tax Number	
8 to 20 characte	ers
- Enter Text Here -	
123456789	
123430789	
Confirm Tax Nur	mber*
- Enter Text Here -	

14. Next, complete a W-8BEN (for foreign individuals).

If you have a valid W-8BEN, click "Choose file" to upload an existing W-8BEN. **Note: W-8BEN forms expire three years after they are signed.**

If you do not have a W-8BEN, click the "W-8BEN" link to download a fillable form. Please follow the guidelines below to complete a W-8BEN form.

W-8BEN or W-9*

If you are not a U.S. citizen and you are not a resident alien: upload a completed PDF or image of the W-8BEN form.

If you are not a U.S. citizen and you are a resident alien: upload a completed PDF or image of the W-9 form.

Blank forms can be found at these links:

W-8BEN	W-9		
Choose	File		
No file ci	hosen		

14.1 When completing the W8-BEN, please fill out at LEAST the following fields highlighted in yellow. Fields in blue boxes are optional if they apply to your organization. The form is only one page.

Form W-8BEN		Status of Beneficial Owner fo Iding and Reporting (Individ		
(Rev. October 2021)		uals. Entitles must use Form W-6BEN-E		3 No. 1545-1621
Department of the Treesury Internal Revenue Service	Go to www.irs.gov/FormW	SBEN for Instructions and the latest info holding agent or payer. Do not send to	omation.	
Do NOT use this form If	1		in	stead, use Form
· You are NOT an Individ	ual	the topic for the lot in	a ana una ananan	W-8BEN-
You are a U.S. citizen o	r other U.S. person, including a residen	alleo individual		W-
		onnected with the conduct of trade or bus	mass within the Linited Staf	
(other than personal se	rvices)			W-8EC
		ersonal services performed in the United S	Males +	. 8233 or W-
 You are a person acting 	g as an intermediary	413 4505,505 505 506 70	5 N.I. 203 - 203 - 204 - 2	W-8IM
Note: If you are resident provided to your jurisdic		a Model 1 IGA jurisdiction with reciproci	ty), certain tax account inf	ormation may b
Part I Identific	ation of Beneficial Owner (see	instructions)	to and the second	
	al who is the beneficial owner		y of citizenship	
		S ALMAN ALMA SHE WAS A		
3 Permanent reside	ence address (street, apt. or suite no., o	rural route). Do not use a P.O. box or In-	care-of address.	
			100 100	
City or town, stat	e or province. Include postal code when	e appropriate.	Country	
4 Mailing address (If different from above)			
City or town, stat	e or province. Include postal code when	e appropriate.	Country	
	- Description - Contraction -			
5 U.S. taxpayer ide	entification number (SSN or ITIN), if requ	red (see instructions)		
teres in a service service			965.	7.9
6a Foreign tax ident	ifying number (see instructions)	6b Check If FTIN not legally requir	red	2.2 - C.A. 🗖
7 Reference number	er(s) (see instructions)	8 Date of birth (MM-DD-YYYY)	(see Instructions)	
Partil Claim of	Tax Track Departie for share			
		er 3 purposes only) (see instructio	territoria de la constancia de	
Libert and the second second	peneficial owner is a resident of		within the meaning of	of the income tab
	the United States and that country.	tions): The beneficial owner is claiming the	anticipant of Article and a	araarab
to opecial rates an	of the treaty identified of		thholding on (specify type	
¥2	di tie teaty dentiled d		innording on (specify type	ui incorrej.
Explain the addit	ional conditions in the Article and parag	aph the beneficial owner meets to be eligi	ble for the rate of withholdi	ng:
Part III Certifica	ition			
Under paralities of pariury, I declar	a that I have examined the information on this form an	to the best of my knowledge and bekef it is true, correct,	and complete. Huther certify under	penalties of periory the
· I am the individual that is t		for the individual that is the beneficial owner) of		
CONTRACTOR STORES AND A CONTRACTOR	1 of this form is not a U.S. person;			
 This form relates to: 				
(a) income not effectively a	connected with the conduct of a trade or busi	uss in the United States;		
(b) income effectively cons	rected with the conduct of a trade or busines	in the United States but is not subject to tax un	der an applicable income tax tr	eaty;
	partnership's effectively connected taxable i			
		et subject to withholding under section 1446(f);		
		ne G of the form (if any) within the meaning of the income	그 같은 아이는 것에 집에 들었다. 것은 것이 가지 않는 것을 했다.	s and that country; a
 For broker transactions or 	barter exchanges, the beneficial owner is an	wampt foreign parson as defined in the instructi	ons.	
Furthermore, I authorize this for disburse or make payments of t	m to be provided to any withholding agent that has he income of which I am the beneficial owner. I ag	control, receipt, or custody of the income of which I ar se that I will submit a new form within 30 days if an	n the beneficial owner or any within y certification made on this form	olding agent that ca becomes incorrect

Sign Here	I certify that I have the capacity to sign for the person identify	ed on line 1 of this form.	
	Signature of benaficial owner (or individual authorized to	o sign for beneficial owner)	Data (MM-DD-YYYY)
	Print name of signer		
For Paperwork	Reduction Act Notice, see separate instructions.	Cat. No. 25047Z	Form W-8BEN (Ray, 10-2021)

14.2 After you fill out the W-8BEN and save the file on your computer, upload the completed form by clicking

"**Choose File**" and select the appropriate file to upload.

W-8BEN or W-9*

If you are not a U.S. citizen and you are not a resident alien: upload a completed PDF or image of the W-8BEN form.

If you are not a U.S. citizen and you are a resident alien: upload a completed PDF or image of the W-9 form.

Blank forms can be found at these links:

W-8BEN	W-9

Choose File

No file chosen

15. Next, complete the Personal Information section. Please enter your full legal name here.

Hit "**Next**" in the bottom right corner of the screen to continue.

Personal	Your Full Name or DBA (doing business as) Business Name*
Information All fields marked with a red asterisk (*) are required fields. All other fields are optional.	Enter your full name, or your business name as you would like it to appear on a check or other form of payment made out to you. Enter Text Here Luis Fonsi
	Telephone Number* Enter Telephone Here (213) 222-3656 ext.
	Preferred Email* - Enter Email Here foreignbusiness@email.com

Save And Exit	Submit
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16. Next, complete the Primary Address section. (This is where your tax documents will be sent). Note: This address must be the same as on the W-8BEN.

Primary Address	Country*	
All fields marked with a red asterisk (*) are required fields.	Canada	÷
All other fields are optional.	Street 1* Enter Text Here 1845 Northwest Ave	
	Street 2	
	Enter Text Here	
	This field is required	
	City*	
	Vancouver	
	Province*	
	British Columbia	•
	Zip / Postal Code*	
	1N 2RF	

17. Next, complete the Remittance Address section. Click the "**Same as Primary Address**" box, since check payment option is not available for foreign individuals unless you are in the US and will be picking the check.

Hit "Next" again to continue.

18. Next, select **Yes or No** for the question "**Are you a SDSU/SDSURF** student or employee?"

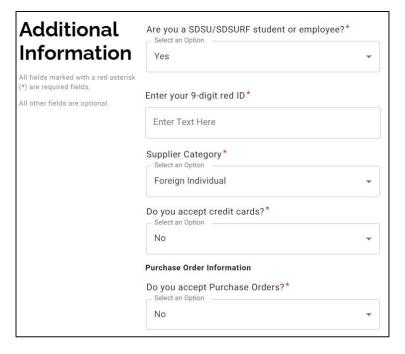
Note: If your answer is "Yes," enter a valid 9-digit RedID or Employee ID.

19. Next, for the Supplier category, select "Foreign Individual."

20. Next, for the question "Do you accept credit cards?" select "**No**."

21. Next, for the question "Do you accept Purchase Orders?" choose the one that applies to you.

Remittance Address	Same as Primary Address
All fields marked with a red asterisk (\star) are required fields.	
All other fields are optional.	
	Save and Exit Next



22. Next, chose Yes or No for the "Will you be performing services in the US?" question. If you chose "Yes," you will be required to provide the following information and documents:

- Visa type
- Arrival date
- Planned departure date
- Visa start date
- Copy of Visa to upload
- Visa expiration date (if applicable)
- Passport number
- Copy of passport to upload
- Passport expiration date (if applicable)
- IRS form 8233 upload (if applicable)

Foreign Individual Tax Information	
Will you be performing services in the US?*	
Yes	*
Visa Type*	
Enter Text Here	
Purpose of visit*	
Enter Text Here	
Arrival date in US*	
Select a Date	
Planned departure date*	
Select a Date	
Start date of Visa status*	
Select a Date	
Visa Document*	
Choose File	
No file chosen	
Visa Document Expiration Date*	
Select a Date	
□ Never Expires	
Passport number*	
Enter Text Here	
Passport Document*	
Choose File	
No file chosen	
Passport Document Expiration Date*	
Select a Date	
□ Never Expires	
Upload a copy of your Form 8233	
Choose File	
No file chosen	

23. Next, choose your "Bank Location" and "Payment Method."

If you select **US Bank Account**, you can choose ACH (direct deposit) or Check.

If you choose ACH (direct deposit, under US Bank) you will need to fill out the banking information that follows this section.

Note: Only domestic US banks can be used for direct deposit payments.

A .I	Payment Information
Additional	Bank Location*
Information	Please indicate whether you will be using a US bank account or a foreig
All fields marked with a red asterisk (*) are required fields.	bank account to deposit your payment.
All other fields are optional.	Select an Option
	Payment Method for Payees with a US Bank Account st
	If you are a SDSU or SDSURF student or employee, ACH is required for
	payment.
	ACH +
	I (we) hereby authorize SDSURF to initiate adjustments made for any deposited entries made in error to my account *
	Authorize

If you wish to receive a wire transfer to a foreign bank, please select "Foreign Bank" and then "Wire" as your payment method. Skip to Step # 31 for additional instructions.

24.	Then,	complete	the	Banking
Info	rmatio	on.		

Banking nformation	Bank Name* Enter Text Here Bank of America	
I fields marked with a red asterisk (*) are quired fields.	Name on Account*	
ll other fields are optional.	Enter Text Here Pepper Pots	

25. Next, upload a bank validation file. You will be required to provide banking information and supporting documentation to verify and validate your account information.

Bank Validation File*

An image or PDF file can be used here containing one of the following:

- Letter on company letterhead
- Voided check
- Voided deposit slip
- Letter from your bank
- Copy of a bank account statement

Choose File

No file chosen

26. Next, provide an email address to receive payment notifications, and click the "**I Agree**" box to authorize PaymentWorks to send electronic payments.

- Enter Emai	ress for Payment N Here			
Bank Auth	orization*			
Customer	s using PaymentWo	rks and the fin	ancial institutio	n named
horoin aro	authorized to autor	natically depo	sit monies to my	/ account

27. Lastly, provide the bank address.

28. Once completed, click the **"Submit"** button at the bottom right corner.

You will see this once submitted.

Over the next week, please check your spam / junk mail for any additional communications from PaymentWorks.

Bank Address	Country*
All fields marked with a red asterisk $(*)$ are required fields.	United States 👻
il other fields are optional.	Street 1* - Enter Text Here PO
	Street 2
	Enter Text Here
	City*
	Enter Text Here
	State*
	District of Columbia
	Zip / Postal Code*
	Enter Text Here



Submission Successful!

Your new vendor registration has been submitted successfully to SDSU Research Foundation (Test).

As part of your registration process you **may** receive a phone call from PaymentWorks to review information you have submitted.

You will receive an email notification when your application has been approved.

Please note - this is not an authorization to perform services.

Give Us Your Feedback Go to your dashboard

Another option for Banking Location and Payment Method from Step 22:

29. If you select **Foreign Banks**, you can choose Wire or Check.

Only select "Check" if you are in the US to pick up the check. Otherwise, select "Wire."

If you select "Check" (under Foreign Bank), there will be no more information to provide. Please click the "Submit" button to fully submit the application.

If you select "Wire" (under Foreign Bank), you will be required to provide banking information and supporting documentation to verify and validate your account information.

Additional Information	Payment Information Bank Location*
All fields marked with a red asterisk (*) are required fields. All other fields are optional.	Please indicate whether you will be using a US bank account or a foreign bank account to deposit your payment. Select an Option Foreign Bank Account
	Select an Option Choose One Wire Check

Banking	Bank Name*
Information	Bank of America
All fields marked with a red asterisk (*) are required fields. All other fields are optional.	Name on Account * Enter Text Here Pepper Pots
Bank Validation File* An image or PDF file can	be used here containing one of the following:
Letter on company letter	erhead
 Voided check 	
 Voided deposit slip 	
 Letter from your bank 	
 Copy of a bank account 	t statement
Choose File	
No file chosen	

30. Then, click the "**Submit**" button to fully submit your PaymentWorks registration.



After your application is fully approved, you will receive an email with your vendor ID number and a link to a Wire Transfer form to complete your foreign banking information. Your payment cannot be processed until this Wire Transfer form is completed.