Help Guide for Payees and Suppliers

SUMMARY

This document is used to provide examples and guidance for some of the questions that foreign individuals will see as they progress through the registration process.

This captures most of the required questions, indicated on the form by a *

There may be additional questions that appear based on the selections made.

Please access the <u>PaymentWorks Help site</u> to review their resources and ask specific questions.

Table of Contents

Tax Information/ Entity Type	2
Personal Information	3
Primary Address	4
Remittance Address	5
Payment Information	6
Banking Information	7
Bank Address	8
Additional Information	9

Tax Information/ Entity Type

As a foreign individual, you would select **Individual, Sol Proprietorship, or Single-member LLC**, choose your Country of Citizenship, and select the correct TIN (Tax Identification Number) type.

- > Please note that your Country of Citizenship = Country of Residence for tax purposes.
- Legal First and Last name are required fields, as well as the Tax Number
- > If your country does not have a Foreign Tax ID, please work with <u>PW Support</u> to get a temporary ID.

If you have a United States Social Security Number (SSN) OR an Individual Taxpayer Identification Number (ITIN) AND a Foreign Tax ID, please provide either your SSN or ITIN in that selection.

You must upload a completed tax form (W-8BEN form or W-9) based on your status, as described on the screen.

	For tax purposes, which
Tax Information	best describes you?*
All fields marked with a red asterisk (*) are required fields.	Individual or Sole Proprietorship
All other fields are optional.	 Corporation or other complex business entity
	Country of Citizenship*
	(Country of Incorporation if using EIN)
	Select an Option
	United Kingdom V
	Select an Option
	Individual Taxpayer Identification Number (ITIN)
	Select One
	Social Security Number (SSN)
	Individual Taxpayer Identification Number (ITIN)
	Non-US Tax ID
	Legal Last Name*
	Enter Text Here
	Tax Number*
	8 to 20 characters
	Enter Text Here
	Confirm Tax Number*
	Enter Text Here
	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

Personal Information

Enter your Full Name or Doing Business As name – this is what your selected payment will be made out to.

Please select the country and enter your phone number.

If you encounter issues such as your country not being listed or your phone number not fitting into the format provided, please contact <u>PW Support</u> for advice.

Personal Information All fields marked with a red asterisk (*) are required fields. All other fields are optional.	Your Full Name or DBA (doing business as) Business Name* 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 Telephone Number* Enter Teisphone Here 020 7123 4567 ext.
	Preferred Email * Enter Email Here Website Enter Value Here
	Description of Goods or Services Enter Text Here
8/2024, 1:23:02 PM	Save and Exit Next

Primary Address

This is the address you want any tax-related information sent, e.g., Form 1042S. It should correspond to the address used on your tax filings.

Foreign addresses may have different formats and structures. *Please do your best to provide the information using the fields provided.*

If your country does not have a zip code, please enter "00000".

Primary Address	Country* Select an Option
All fields marked with a red asterisk (*) are required fields.	United States 👻
All other fields are optional.	Street 1*
	Enter Text Here
	Street 2
	Enter Text Here
	City*
	Enter Text Here
	State*
	Select an Option 🗸
	Zip / Postal Code*
	Enter Text Here

Remittance Address

This is the address where the payment should be mailed, if different than the Primary Address.

If the same, please select "Same as Primary Address" box.

Foreign addresses may have different formats and structures. *Please do your best to provide the information using the fields provided.*

If your country does not have a zip code, please enter "00000".

Remittance Address	Same as Primary Address
All fields marked with a red asterisk (*) are required fields. All other fields are optional.	Country* Select an Option United States
	Street 1* Enter Text Here
	Street 2
	City*
	Enter Text Here
	State* Select an Option
	Zip / Postal Code*
	Enter Text Here
	Save and Exit Next

Payment Information

Please select whether you will be using a US Bank Account or a Non-US Bank Account to deposit your payment.

- If you have a Domestic Bank Account, select USA Domestic Bank Account. You will have 3 option for payment.
- > If you have a foreign bank account, select **Non-US Bank Account** for WIRE.

formation	Payment Information
Inormation	Bank Location*
fields marked with a red asterisk (*) are quired fields.	Please indicate whether you will be using a USA
All other fields are optional.	Domestic Bank Account or a Non-US Bank Account to
	deposit your payment.
	Select an Option
	▲
	Choose One
	USA Domestic Bank Account
	Non-US Bank Account

Banking Information

Banking information will need to be provided.

Panking	Bank Name*
Information	Enter Text Here
All fields marked with a red asterisk (*) are	Name on Account*
required fields. All other fields are optional.	Enter Text Here
	Account Number*
	Enter Text Here
	Confirm Account Number*
	Enter Text Here
	Account Type*
	Select an Option 👻
	Routing Number*
	Enter Text Here
	SWIFT Code
	Enter Text Here
	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
	Email Address for Payment Notifications*
	Enter Email Here
	Bank Authorization*

Bank Address

Bank address will need to be provided.

Banking	Choose File
Information	No file chosen
All fields marked with a red asterisk (*) are required fields.	Email Address for Payment Notifications*
All other fields are optional.	
	Bank Authorization * Customers using PaymentWorks and the financial institution named herein are authorized to automatically deposit monies to my account
	I Agree
Bank Address	Select an Option
All fields marked with a red asterisk (*) are required fields	
All other fields are optional.	Street 1*
	Enter Text Here
	Street 2
	Enter Text Here
	City*
	Enter Text Here
	State*
	Select an Option 👻
	Zip / Postal Code*
	Enter Text Here
	Save and Exit Next

Additional Information

Foreign individuals should select the Non-US Individual Supplier Category option

Additional Information	Please contact vendor.maintenance@nuvancehealth.org if you have questions related to the Additional Information section of the registration.
All fields marked with a red asterisk (*) are required fields.	Supplier Category*
All other fields are optional.	Non-US Individual
	Choose One US Individual Non-US Individual US Entity Non-US Entity
	Purchase Order Information
	Do you accept Purchase Orders?*
	Select an Option
	Accounts Receivable Contact Information Accounts Receivable Contact Name Enter Text Here
	Accounts Receivable Contact Phone Number
	Enter Telephone Here ext.
	Accounts Receivable Contact Email
	Enter Email Here
	Accounts Receivable Contact Fax Number
	Enter Text Here
	Sales Contact Information
	Enter Text Here