

Supplier Form/Substitute W-9

Instructions: If you are a U.S. citizen, resident alien or U.S. business, please provide all information as requested in the spaces provided. **If you, the recipient, or the beneficiary of the payment is not a U.S. citizen, resident alien or U.S. business please provide all information as requested, but DO NOT sign the certification in Section B and contact the Tax Office at 307-766-2821 to complete the additional required tax forms.**

General Terms & Conditions can be found on the following web site: <http://www.uwyo.edu/procurement/>

Payment Terms: Net 45

UW is a tax exempt organization.

Forms that are illegible or incomplete will not be processed.

Section A - All Suppliers Must Complete

General Information

Name (as shown on your income tax return): _____

Business name/disregarded entity name, if different from above: _____

Payments should be issued to: _____

Order Address: _____ City: _____ State: _____ Zip: _____

Order E-Mail Address: _____ Order Fax #: _____

Bid Solicitation Address: _____ City: _____ State: _____ Zip: _____

Bid E-Mail Address: _____ Bid Fax #: _____

Remittance Address: _____ City: _____ State: _____ Zip: _____

Electronic Payment Remittance Advice E-Mail Address: _____

Sales Contact: _____ Phone #: _____ Email _____

Management Contact: _____ Phone #: _____ Email _____

Toll Free Phone Number: _____ WWW Address: _____

DUNS Number: _____

ALL COMPANIES PRODUCING PRODUCTS BEARING THE UNIVERSITY'S MARKS MUST RECEIVE PRIOR APPROVAL THROUGH THE UNIVERSITY'S LICENSING OFFICE

Statement of Employee Ownership Interest

- Yes No Is any University of Wyoming employee an Officer, Director, Partner, or hold any paid position in this company?
 Yes No Does the University of Wyoming provide employment for any party (or their spouse or minor child) that has a 5% or greater ownership interest in this company?

If you have answered yes to either question please attach a list identifying these individuals and their relationship to your company

Section B – Substitute W-9: Request for Taxpayer Identification Number and Certification – All Suppliers Must Complete.

Check Federal Tax Classification

- Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/Estate
 Limited Liability Company Enter the tax classification (C= Corporation, S= S Corporation, P=Partnership) ____
 Government agency or organization that is tax-exempt under IRS guidelines
 Foreign Individual Foreign Business Other _____
 Check as many as apply: Medical Service Provider Lawyer/Attorney Agent

Required: 1099 Address, if different _____

Taxpayer Identification Number

Employer Identification Number (EIN) ___-_____-____ -or- Social Security Number ___-_____-____

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. citizen or other U.S. person.

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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Signature

I certify that the information supplied herein (including all pages attached) is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by the U.S. Government or by any Governmental agency of the State of Wyoming from bidding or furnishing materials, supplies or services to the U.S. Government or Wyoming State Government or any agency thereof.

Signature _____

Date _____

Payee Information Return Instructions

1. If you or your business receive payments from the University of Wyoming, this form must be completed and signed before checks can be issued to you. Forms that are illegible or incomplete will not be processed.
2. Forms for Payee Suppliers only should be mailed to the address above, faxed to 307-766-2800 or scanned and e-mailed to procurement-card@uwyo.edu.
3. If you require assistance in completing the form, please call 307-766-5296 or 307-766-5233.
4. All checks or electronic payments are issued by the UW Payment Services Office. **Attached remittance advice (check stub) or e-mailed remittance advice shows the supplier invoice number or description. Please ensure that whenever possible your billing system provides this information so that we can better identify payments to you on the remittance advice.**

INSTRUCTIONS:

1. Items 1-7 Section A and Section B must be completed on an initial application for the form to be processed. To revise an address, complete applicable item in Section A and provide either the SSN or EIN in Section B.
2. Tax Residency: Indicate only one tax residency status. If you are not a resident of the USA for tax purposes, please specify your tax home. If you have questions on tax residency, contact the Tax Compliance Accountant at 307-766-2821.
3. Sign and date the certification. Sole proprietors and individuals must sign for themselves. For other entities, an authorized person must sign the certification.