



University of Arizona
FSO-Operations
PO Box 3607
Tucson, AZ 85722-3607
(520) 621-9097

Form Substitute W-9 Federal Taxpayer Identification Number Request

Date: _____

Please return the completed form to the above address, or fax to 520-626-1243.

Vendor Name and Address: _____

Please complete the following information if you are a U.S. person (including a resident alien). We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Instructions: Complete **Part 1** by checking the federal tax classification types that correspond to your organization's structure. Complete **Part 2** by filling in your Federal Tax Identification Number and the name of person or entity it belongs to. Complete **Part 3** - identify your organizations supplier diversity. Complete **Part 4** - sign, date, and return the form to the address listed above.

Part 1: Ownership Type - Check all that apply to your organization. ***(You must check at least one.)***

- ☐ Corporation (A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.)
- ☐ Estate / Trust
- ☐ Individual/ Sole Proprietor (A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.)
- ☐ Non-Profit - Tax Exempt Charity under 501 (a and c), or IRA
- ☐ Partnership/LLC/LLP (A partnership may have a "doing business as" trade name, but the legal name is the list of the names of the partners.)
- ☐ A foreign government or any of its political subdivisions
- ☐ Government - The United States or any of its agencies or instrumentalities
- ☐ A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- ☐ Real Estate Agent or Agency
- ☐ Other (Please describe) _____

Part 2: Provide your Federal Tax Identification Number and the name of the person or entity whose TIN you enter. The TIN must be for the payee shown above.

Individual, sole proprietor, or partnership's legal name (name of first partner)

Social Security Number

Name of business, trade, partnership, DBA, corporation, charity, or other entity

Employer Identification Number



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Part 3: Supplier Diversity:

Does your business meet the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards (FAR 19.102)? Yes No
If "YES", please "CHECK" one of the following:

- ☐ Non-Profit ☐ Alaska Native Corp ☐ AZ Small Disadvantaged Business ☐ AZ Small Women-Owned Business
☐ AZ Small Disadvantaged Women-Owned ☐ Big Business ☐ Historically Black College/University
☐ Small Disabled Veteran-Owned Business ☐ Foreign Business ☐ Small HUB Zone ☐ AZ Small Business
☐ Small Business or individual ☐ Small Disadvantaged Business ☐ Small Women-Owned Business ☐ Small Veteran Owned
☐ Small Women-Owned Disadvantaged

Date of HUB ZONE/SDB vendors SBA certification _____.

Part 4 Certification: I certify under penalty of perjury:

1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because (a) I am exempt from back up 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 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 (including a resident alien)
4. I certify that my Small Business definition is true and correct pursuant to Federal Acquisition (FAR) 52.219-1 and understand the penalties under 15 U.S.C. 645(d) "...any person who misrepresents a firm's status..."

Person completing this form: (Please print)_____

Signature: _____ Date: _____

Phone: (_____) _____ FAX: _____

Email address (if applicable): _____

Remit Address for payment if different than above: _____

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