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: _____

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 <u>all</u> that apply to your organization. *(<u>You must check at least one</u>.)***

☐ 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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Rev. 02/13/2012