University of Idaho

Vendor Information Form
(Substitute W-9 Form)

(Use this form only for a U.S. person, including U.S. resident alien. (Foreign persons must use a Form W-8 obtainable at http://www.irs.gov/formspubs/article/0,,id=100621,00.html If you are exempt from US taxes, select fw8eci.pdf or fw8ben.pdf for all others.)

Instructions: Please print clearly or type. Return the form to: U of I, Accounts Payable, P.O. Box 4244, Moscow, ID 83844-4244, or fax to 208-885-5417.

Federal law requires that we have on file a W-9 form with the taxpayer identification number for each person or entity to which the University makes a payment. Our records show that we do not have a current W-9 on file for you. Please complete this form and either mail or FAX it, using the information in the instructions.

Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Phone Number: (___)_____ Fax Number: (___)_____

Contact Person: _____ E-mail Address: _____

INDIVIDUAL STATUS:
check all applicable

[ ] U.S. Citizen
[ ] Resident Alien
[ ] U of I Employee # _____
[ ] U of I Student # _____

The name and Social Security No. (SSN) or Employer Identification Number (EIN) should be the same as they appear on your income tax return.

Complete Part I by completing the row of boxes that correspond to your tax status.
Part 1 - TAX STATUS (COMPLETE ONE ROW ONLY)

Individuals: (Fill out this row.)	Individual Name: (First name, middle initial, last name)	Individual's Social Security Number

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Sole Proprietor (or LLC with one owner): (Fill out this row.)	Business Owner's Name: (Required)	Business Owner's Social Security Number Or Employer ID Number	Business or Trade Name
Partnership (or an LLC with multiple owners): (Fill out this form.)	Name or Partnership:	Partnership's Employer Identification Number	Partnership's Name on IRS records (see IRS mailing labels)
Corporation, or Tax Exempt Entity: (Fill out this row.)	Name of Corporation or Entity:		Employer Identification Number

Part 2 – Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

- ❑ Corporation. Note that there is no corporate exemption for medical and healthcare payments or payments for legal services.
- ❑ Tax Exempt Entity Under 201(a) (includes 501(c)(3)), or IRA
- ❑ 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 or agencies
- ❑ A foreign government or any of its political subdivisions or any international organization in which the United States participates under a treaty or Act of Congress

Part 3 – Check all that apply **[ ] Small Business (less than 500 employees)** **[ ] Minority-Owned** **[ ] Woman-Owned**

Certification Signature for Tax Status:_____ **Date**_____

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 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. person (including a U.S. resident alien).

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 transaction, 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.

U of I Department Use Only: If you need the Vendor Number sent to you please complete:

_____/_____/_____/_____
Dept. Name: Contact Name Phone No. Fax No.

Accounts Payable Use Only
Entered by: Date: Vendor ID No.

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