**New Supplier W-9 Form**

Federal law requires that we have on file a W-9 form with the Employer ID number or Social Security number and signature for each person to whom the University makes payment. Please complete this form and FAX it to the Disbursement Center at (802) 656-8684.

**We require either the individual’s name/Social Security number or the company’s name/Federal Employer ID number, as they appear on your income tax return.**

**PLEASE PRINT LEGIBLY. FORM MUST BE COMPLETE TO BE PROCESSED. VF0717**

|  |  |  |
| --- | --- | --- |
| **Name** (As shown on your income tax return) |  | |
| **Business Name,** if different from above |  | |
| **Federal EIN *OR*** |  | |
| **Social Security #** |  | |
| **EXEMPTIONS**   * Codes apply only to certain entities, not individuals * FATCA applies to accounts maintained outside the US | **Exempt Payee Code** (if any) | **Exempt from FATCA reporting code** (if any) |
|  | **Address to send PURCHASE ORDER:** | **Address to send INVOICE PAYMENTS:** |
| **PO Box** |  |  |
| **Street Address** |  |  |
| **City** |  |  |
| **State, Zip** |  |  |
| **Website** |  | |
| **Contact name** |  |  |
| **Contact Phone Number** | ( ) | ( ) |
| **Contact Fax Number** | ( ) | ( ) |
| **Contact E-mail Address** |  |  |
| **Where will work be performed?** | Supplier location \_\_\_\_\_\_\_\_\_\_\_\_\_ UVM \_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Would you be willing to accept payment via credit card (VISA)? (Please circle) YES or NO | | |
| **University of Vermont’s payment terms are Net 30** | | |
| Check only **ONE** federal tax classification:  Individual/Sole Proprietor or single-member LLC  C Corporation  S Corporation  Partnership  Trust/estate  Limited Liability Company\* If you checked Limited Liability Company you **MUST** enter tax classification (C=C Corporation, S=S Corporation, P=Partnership)⏵\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Business Classification: (Please circle) LARGE or SMALL or MINORITY  If Small Business, please circle if 51% or more of your company is owned by: WOMEN or VETERAN or DISADVANTAGED | | |

**Certification**: Under penalties of perjury, I certify that: (1) The number shown above is my correct taxpayer identification number; (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; (3) I am a U.S. person (including a U.S. resident alien); (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

|  |  |
| --- | --- |
| **Signature** | **Date** |
| **Name** | **Title** |

**FEDERAL LAW REQUIRES THAT YOU PROVIDE US WITH AN ACCURATE REPLY**

**The IRS may impose a penalty of up to $500 for non-compliance or for supplying false information.**

**DISBURSEMENT CENTER**

19 Roosevelt Highway, Ste 120 Phone: (802) 656-4192

Colchester, VT 05446 Fax: (802) 656-8684