

**VENDOR REGISTRATION
SUBSTITUTE IRS FORM W-9**



Mail or fax form:
Truman State University
100 E Normal Street
McClain Hall 106
Kirksville, MO 63501
Fax: 660-785-7337

Asterisked (*) sections are mandatory and require completion.

1. *NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
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2. Address/ Contact Information

Address A - Business Address Address used for <input type="checkbox"/> Remittance <input type="checkbox"/> Purchase Orders			Address B - Additional Address Address used for <input type="checkbox"/> Remittance <input type="checkbox"/> Purchase Orders		
Address Line 1			Address Line 1		
Address Line 2			Address Line 2		
City	State	Zip Code	City	State	Zip Code
E-Mail Address			E-Mail Address		
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contract			Primary Contract		

3. *ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Tax-Exempt/Non Profit <input type="checkbox"/> Other _____	<input type="checkbox"/> LLC How does LLC report to IRS? <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SSN Name Associated with SSN
		EIN
		New TIN? <input type="checkbox"/> Yes <input type="checkbox"/> No – Provide Previous TIN & effective date
		Previous TIN: _____ Date: _____

OTHER INFORMATION Check all that apply.

<input type="checkbox"/> Doctor or Medical Facility	<input type="checkbox"/> Woman Owned Business
<input type="checkbox"/> Attorney or Legal Facility	<input type="checkbox"/> Minority Owned Business

4. ELECTRONIC FUNDS TRANSFER PREFERENCE Do you want payments to be directly deposited into your bank account?

Yes – Complete the following information **and** provide a copy of a voided check for the account. If there are no checks for the account, restate the bank information on letterhead. **A deposit slip will not be accepted.** Information on this form and the support documentation must match.
 No - Go directly to section 5 – **IRS Form W-9 Certification and Signature.**

**The following is important information pertaining to International ACH Transaction rules and the applicable US law. If you receive payment from Truman via direct deposit to a US financial institution and then have any part of the payment amount forwarded to a bank in another country, please contact Truman's Accounts Payable department at 660-785-4157 concerning your eligibility for direct deposit payments.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). Please check one of the following:

I affirm that none of my payment will be transferred to a foreign bank account.
 I affirm that part or all of my payment will be transferred to a foreign bank account.

The Information is for address <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Both		
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Send direct deposit remittance advices by E-mail to:
Transit Routing Number	Bank Account Number	

Does your company accept payment by the University's Visa Procurement Card Yes No
 Does your company accept purchase orders Yes No

5. *IRS FORM W-9 CERTIFICATION AND SIGNATURE

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 (as defined by IRS Form W-9 rev October 2007).
 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding		
Signature	Print Name & Title of Person signing form	Date

For office use only	
Vendor entered by: _____ 1099 Indicator <input type="checkbox"/> Yes <input type="checkbox"/> No	Vendor ID # _____ DBA # (If Applicable) _____