

EAST CAROLINA UNIVERSITY VENDOR INFORMATION FORM

Substitute W-9

(aka request for Taxpayer Information)

NO PAYMENTS WILL BE RELEASED UNTIL THIS FORM IS COMPLETED LEGIBLY AND RETURNED

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 a payment. Our records show that we do not have a current W-9 on file for you. Please complete this form and return to Att: Bridget Brown, Vendor Setup, Mailstop: 203 Financial Services, East Carolina University, 120 Reade Street, Greenville, NC 27858 or Fax to 252-737-4446.

Banner ID#:

ECU Employee requesting W9 information:

Name: _____ Dept: _____ Phone#: _____ - _____ - _____

Vendor Name:

Individual (Name as appears on Social Security Card): _____

Business (Business Name on file with IRS): _____

DBA (Doing Business As): _____

Taxpayer Identification Number: TIN/EIN/SSN *Vendor and Business Name or DBA and TIN provided MUST match IRS records*

Employer Identification Number (EIN): _____ (Corporations, Trusts, Estates, Pension Trust Associations, Clubs, Religious, Charitable, Educational, or other tax exempt organizations, Partnerships, Brokers or registered, nominees)

Social Security Number (SSN): _____ (Individuals and Sole Proprietors)

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; and (3) the information provided is complete and accurate as of this date.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Method to Receive Purchase Orders: FAX E-mail

Order Address (PO)

Remit to Address (AP)

Street: 1 _____
Street:2 _____
City: _____
State/Zip Code: _____
Country: _____
Telephone _____
Contact Person: _____
E-mail Address: _____
Fax Number: _____

Street: 1 _____
Street:2 _____
City: _____
State/Zip Code: _____
Country: _____
Telephone _____
Contact Person: _____
E-mail Address: _____
Fax Number: _____

Are you or any officer of your company or any member of your immediate family employed by the State of North Carolina?

Yes No If yes, list name, relationship, and agency where employed: _____

Are you or any office of your company or any member of your immediate family a member of the ECU Board of Trustees, any ECU foundation board, or any ECU related corporations, joint ventures, or associations? Yes No If yes, list name, relationship, and which Board: _____

Check only one box per section: (Provide copy of Federal, State, or Local HUB/MWBE certification if indicated below.)

Individual Status US Citizen Resident Alien Non Resident Alien* *Requires both documents below Foreign Visitor Info Form Form W-8BEN

Corporate Status Non or Not for Profit Government NC State Agency Foreign Corporation** **Form W-8BEN required

Legal Status Individual/Sole Proprietor Partnership Corporation
Limited Liability: Corporation Partnership Disregarded Entity
 Exempt Other (please specify) _____

Business Classification Black Hispanic Asian American American Indian Women-Owned Disabled-Owned
 Disabled Business Enterprise Non-Profit Work Center for Blind & Severely Disabled
 Socially and Economically Disadvantaged Small Business

Payment Terms Net 30 Net 15 Net 10 Other _____

HUB Definitions

Minority Owned-A business in which at least fifty one percent (51%) is owned by one or more minority persons or socially and economically disadvantaged individuals, or in the case of a corporation, in which at least fifty one percent (51%) of the stock is owned by one or more minority persons or socially and economically disadvantaged individuals; and of which the management and daily business operations are controlled by one or more of the minority persons or socially and economically disadvantaged individuals who own it.

- Black- A person having origins in any of the black racial groups in Africa
- Hispanic- A person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race
- Asian American- person having origins in any of the original peoples of the Far East, Southeast Asia and Asia, the Indian subcontinent, or the Pacific Islands
- American Indian- A person having origins in any of the original Indian peoples of North America
- Women-Owned- A business in which at least fifty one percent (51%) is owned by one or more females or in the case of a corporation, in which at least fifty one percent (51%) of the stock is owned by one or more females and a member of one of the minority groups (Black, Hispanic, Asian American, or American Indian) as described in G.S. 143-128(2) a-d.
- Disabled-Owned- A person with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities; has a record of such an impairment or is regarded as having such an impairment as defined in G.S. 168-1 or G.S. 168A-3.
- Disabled Business Enterprise- A nonprofit entity whose main purpose is to provide ongoing habilitation, rehabilitation, independent living, and competitive employment for persons who are handicapped through supported employment sites or business operated to provide training and employment and competitive wages.
- Non-Profit Work Center for Blind & Severely Disabled- An agency organized under the laws of the United States or this State, operated in the interest of blind and the severely disabled, the net income of which agency does not inure in whole or in part to the benefit of any shareholder or other individual; In compliance with any applicable health and safety standard prescribed by the United States Secretary of Labor; and in the production of all commodities or provision of services, employs during the current fiscal year severely handicapped individuals for a minimum of seventy-five percent (75%) of the hours of direct labor required for the production of commodities or provision of services or in accordance with the percentage of direct labor required under the terms and conditions of Public Law 92 28 (41 U.S.C. § 46, et seq.) for the production of commodities or provision of services, whichever is less.
- Socially & Economically Disadvantaged- Means any small business concern which meets the requirements of which is at least 51 per centum unconditionally owned by one or more socially and economically disadvantaged individuals, an economically disadvantaged Indian tribe (or a wholly owned business entity of such tribe), or an economically disadvantaged Native Hawaiian organization, or in the case of any publicly owned business, at least 51 percent of the stock of which is unconditionally owned by one or more socially and economically disadvantaged individuals, an economically disadvantaged Indian tribe (or a wholly owned business entity of such tribe), or an economically disadvantaged Native Hawaiian organization as defined in 15 U.S.C. 637.
- Small Business- A “small business” means a business concern in which the gross annual sales is less than \$1 million and which employs fewer than 20 full-time employees.