

Payables Office
Dept. 3314
1000 E University Avenue
Laramie WY 82071
307-766-5296
FAX: 307-766-6762



Procurement Services
Dept. 3605
1000 E University Avenue
Laramie WY 82071
307-766-5233
FAX: 307-766-2800

Vendor Form/Substitute W-9

Instructions: If you are a U.S. citizen, resident alien or U.S. business, please provide all information as requested in the spaces provided. **If you, the recipient, or the beneficiary of the payment is not a U.S. citizen, resident alien or U.S. business please provide all information as requested, but DO NOT sign the certification in Section B and contact the Tax Office at 307-766-2821 to complete the additional required tax forms.** Please print or complete the fillable Vendor Form at <http://www.uwyo.edu/procurement/vendor-application-form/>

Section A - All Vendors Must Complete

General Information

Company, Business or Individual Name: _____

Order Address: _____ City: _____ State: _____ Zip: _____

Order E-Mail Address: _____ Order Fax #: _____

Bid Solicitation Address: _____ City: _____ State: _____ Zip: _____

Bid E-Mail Address: _____ Bid Fax #: _____

Remittance Address: _____ City: _____ State: _____ Zip: _____

Sales Contact: _____ Phone #: _____ Email _____

Management Contact: _____ Phone #: _____ Email _____

Toll Free Phone Number: _____ WWW Address: _____

ALL COMPANIES PRODUCING PRODUCTS BEARING THE UNIVERSITY'S MARKS MUST RECEIVE PRIOR APPROVAL THROUGH THE UNIVERSITY'S LICENSING OFFICE

Section B – Substitute W-9: Request for Taxpayer Identification Number and Certification – All Vendors Must Complete.

Check Federal Tax Classification

- Individual/sole proprietor C Corporation S Corporation Partnership Trust/Estate
 Limited Liability Company Enter the tax classification (C= Corporation, S= S Corporation, P=Partnership) ____
 Government agency or organization that is tax-exempt under IRS guidelines
 Foreign Individual Foreign Business Other _____
Check as many as apply: Medical Service Provider Lawyer/Attorney Agent

Required: 1099 Address, if different _____

Taxpayer Identification Number

Employer Identification Number (EIN) ____ - ____ - ____ -or- Social Security Number ____ - ____ - ____

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.

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 transactions, 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____