TAXPAYER IDENTIFICATION NUMBER REQUEST

Eastern Kentucky University requires a Federal Tax Identification number or Social Security number for all vendors or persons doing business with the University in order to comply with Federal Regulations and tax reporting requirements. Please take a few minutes to fill out this information and return to us to ensure prompt payment of your invoices. Thank you for the valuable service you have provided Eastern Kentucky University, and we look forward to a long and lasting relationship. IF SENDING A W-9, PLEASE RETURN THIS FORM ALSO.

For your convenience, you may return the information one of the following ways:

FAX: Vendor File @ 859-622-2047

Mail: Purchasing Division
Eastern Kentucky University
521 Lancaster Avenue
213 Jones Bldg, CPO 8A
Richmond, Kentucky 40475
Phone # (859)622-2246

Please type or print legibly

VENDOR INFORMATION

Name of Firm * (Company or Individual)	Phone Number *	Make Checks Payable To *
Address *	Fax Number *	Payment Address *
Address	Web Site Address or E-mail	Payment Address
Address	Vendor Representative	Name on Invoice *
City * State * Zip*	Federal Tax ID Number **	Social Security Number **
Willing to accept ACH payments * Yes ☐ No ☐ Bank Routing #_____ Bank Account #_____	Willing to accept credit card payments* Yes ☐ No ☐	Payment Terms *

* required fields

**Federal Tax ID Number- This field *must* be completed if "Name of Firm" is a company name.
Social Security Number- This field *must* be completed if "Name of Firm" is an individual's name.

CERTIFICATION

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. 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 withholdings 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 Taxpayer Identification Number.

Signature of U.S. Person _____ **Date** _____

Type of Ownership (Check Appropriate Box(**e**s)) *

- ☐ (01) Individual/Sole Proprietorship
- ☐ (02) Partnership
- ☐ (03) Corporation-Incorporated in (State)_____
- ☐ (04) Non-profit/Education
- ☐ (05) Non-Resident Alien
- ☐ (06) Exempt from backup withholding
- ☐ Other: _____

Business Classification (Check Appropriate Box(es)) *

- ☐ (SM) Small Business
- ☐ (LG) Large Business
- ☐ (CT) In County
- ☐ (MN) Minority Owned
- ☐ (WO) Women Owned
- ☐ (SD) Small Disadvantaged Business
- ☐ (GA) Government Agency
- ☐ (NP) Non-Profit
- ☐ (AL) Alumni Owned
- ☐ (HZ) Hub Zone Small Business
- ☐ Other (Specify)_____

*Business Classification Reference Links: www.ccr.gov/sizestandard.asp, https://eweb1.sba.gov/hubzone/internet/general/whoweare.cfm, and http://app1.sba.gov/faqs/faqindex.cfm?areaID=11

Printed Name of Authorizing Official: _____

Authorized Signature: _____ Date: _____