

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. Completion of this vendor form does not guarantee receipt of competitive bid solicitations. If you are interested in obtaining University solicitations, please visit <http://purchasing.eku.edu/bids-and-quotes>. 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
Jones 120, CPO 8A
521 Lancaster Avenue
Richmond, Kentucky 40475**

EMAIL: adm.purchasing@eku.edu

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 <input type="checkbox"/> No <input type="checkbox"/> Bank Name & Routing # _____ Bank Account # _____	Willing to accept credit card payments* Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Terms *

***REGISTRATION**

Any foreign corporation (outside the State of Kentucky) must obtain a certificate of authority from the Secretary of State as is required by KRS 271B.15-010

Certificate #: _____ (<http://www.sos.kv.gov/business/>)

- Claimed exemption: _____

Any "person" (business or individual) making retail sales in the state are to be registered to collect Kentucky sales and use tax. If the foreign individual (or business) is making retail sales they should be registered for Kentucky sales and use tax purposes by completing a Tax Registration Application (form 10A100), available at the link below. If they are under contract to perform services that do not include the sale of tangible personal property or digital property, or do not perform services subject to tax per KRS 139.200 (such as admissions, provision of telecommunication services, sewer services, and so on), then they are not required to register per .KRS 14A.9-010-14A.9-090

- Consumer Use Tax Account number: _____ (<http://revenue.kv.gov/>)
- Sales Tax Account Number: _____

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** _____

Federal Debarment Status

By checking the box above, you certify that your company and its principals have not been disbarred, suspended, proposed for debarment, declared ineligible, are not in the process of being disbarred or are voluntarily excluded from doing business with a federal department or agency of the federal government.

Type of Ownership (Check Appropriate Box(es)) *		Business Classification (Check Appropriate Box(es)) *	
<input type="checkbox"/> (01) Individual/Sole Proprietorship	<input type="checkbox"/> (05) Non-Resident Alien	<input type="checkbox"/> (SM) Small Business	<input type="checkbox"/> (SD) Small Disadvantaged Business
<input type="checkbox"/> (02) Partnership	<input type="checkbox"/> (06) Exempt from backup withholding	<input type="checkbox"/> (LG) Large Business	<input type="checkbox"/> (GA) Government Agency
<input type="checkbox"/> (03) Corporation-Incorporated in (State) _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> (CT) In County	<input type="checkbox"/> (NP) Non-Profit
<input type="checkbox"/> (04) Non-profit/Education		<input type="checkbox"/> (MN) Minority Owned	<input type="checkbox"/> (AL) Alumni Owned
		<input type="checkbox"/> (WO) Women Owned	<input type="checkbox"/> (HZ) Hub Zone Small Business
			<input type="checkbox"/> Other (Specify) _____

***Required Fields**

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

Printed Name of Authorizing Official: _____

Authorized Signature: _____

Date: _____