

VENDOR REGISTRATION

Substitute Form W-9
Mail, e-mail or Fax completed form to:
201 Southgate Center, Blacksburg, VA 24061
W9@vt.edu Phone: (540) 231-2544/Fax: (540) 231-7221

Legal Name: (as it appears on your tax return)				
Trade Name: (DBA)				
Mail PURCHASE ORDERS and BIDS to:			Mail PAYMENTS to:	
PO Telephone # (preferably toll free)	one # (preferably toll free) PO Fax # (preferably toll free)		Email address: AP email address:	
Taxpayer Identification Number:				
Employer Identification Number	er(EIN):	AND/O	R <u>S</u>	Social Security Number (SSN):
Corporation LLC Government Entity C Corporation C Corporation Fartnership If "LLC" is checked, type MUST be marked below: C Corporation (C) Sole Proprietor S Corporation (S) Non-Profit Organization Partnership (P) Individual (see below)				
For Individuals ONLY: I am a U.S. Citizen, or I have been granted permanent residency (green card holder), or I am a Resident Alien for tax purposes and have contacted the international tax specialist at 540-231-3754 or jakunz@vt.edu to discuss additional documentation that is required by federal law.				
Business Classification Type (check ALL that apply): for descriptions see: http://www.purch.vt.edu/Vendor/class.html				
Large Business	Small Business		finority owned usiness	Women Owned Business Other
Certification: Under penalties of perjury, I certify that: (1) The number(s) shown on this form is my correct taxpayer identification number(s) (or I am waiting for a number to be issued to me), and (2) The organization entity and all other information provided is accurate, and (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. You must cross out item (3) above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.				
Authorized Signature Printed or Typed Name		_	Title Phone Number	