## **SAMPLE FORM**



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MORY UNIVERSITY PROCUREMENT & PAYMENT SERVICES

## Supplier/Individual Information Form

This form is used to establish or update a record within the Emory University Procurement & Payment Services' system and meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications for Federal procurement reporting and claims for exemption, and internal requirements for supplier establishment. This form is to be completed in the place of the Federal W-9 form. International individuals/entities should complete the appropriate W-8 form.

## FORM INSTRUCTIONS:

The Emory University employee that is requesting goods or services from the supplier must complete the Emory University Contact Information portion of this form. The supplier is to complete the remaining portions of this three-page form and return to the employee requesting the goods or services. This form should then be submitted to Emory University Procurement and Payment Services. Do not return this form to the IRS.

NOTE TO SUPPLIER: Submission of this form does not authorize a supplier to provide goods or services to Emory University until the supplier is notified by Procurement.

| Emory Univers  | ity Contact In  | formation (This must be co  | ompleted by ar | Emory University emp | ployee before s | sending the form to the s | supplier.) |         |
|--|-----------------|---|----------------|----------------------|-----------------|---------------------------|------------|---------|
| Employee Name:   |                 |   |                | Emory Email:         |                 |                           |            |         |
| School/Departmer                                       | nt:             |   |                | Campus Pho           | one:            |                           |            |         |
| Supplier/Indivio                                       | dual Name an    | nd Information  |                |                      |                 |                           |            |         |
| Legal Name:  |                 |   |                | DBA Name, if diffe   | erent:          |                           |            |         |
| DUNS Number:   |                 |   |                | Foreign ID:          |                 |                           |            |         |
| Contact Name:  |                 | •   | Phone:         |                      | E               | Email:                    |            |         |
| TIN<br>(select one)                                    |                 | r Identification Number (EIN)<br>ecurity Number (SSN)                       | Taxpayer Iden  | tification Number;   |                 |                           |            |         |
| Entity Type  | Individua       | I/sole proprietor or single member L  |                | orporation 🔲 S Cor   | poration        | Partnership Tru           | ist/estate | Foreign |
| (select one)   |                 | ability company (LLC)<br>elect tax classification:                          |                | Other                | (explain):      |                           |            |         |
|  |                 | orporation S Corporation  | Partnership    | Exempt               | ion Code:       |                           |            |         |
|  | not check       | r a single-member LLC that is disreg<br>k LLC. Instead, check the appropria | te box above   |                      | otion from      |                           |            |         |
| for the tax classification of the single-member owner. |                 |   |                |                      |                 |                           |            |         |
|  | Line 1:         |   |                |                      |                 |                           |            |         |
| Legal  | Line 2:         |   |                |                      |                 |                           |            |         |
| Mailing<br>Address                                     | City/State/Zip: |   |                |                      |                 |                           |            |         |
| (  | Website:        |   |                |                      | Phone:          |                           |            |         |
|  | Email:          |   |                |                      | Fax:            |                           |            |         |
|  |                 | Method to receive orders: Email   | Fax            |                      |                 |                           |            |         |
| Ordering<br>Address                                    | Line 1:         |   |                |                      |                 |                           |            |         |
| (if different than above)                              | Line 2:         |   |                |                      |                 |                           |            |         |
| This does not apply to Individuals.                    | City/State/Zip: |   |                |                      | Phone:          |                           |            |         |
|  | Email:          |   |                |                      | Fax:            |                           |            |         |
|  | Line 1:         |   |                |                      |                 |                           |            |         |
| Remit To<br>Address,                                   | Line 2:         |   |                |                      |                 |                           |            |         |
| (if different than above)                              | City/State/Zip: |   |                |                      | Phone:          |                           |            |         |
|  | Email:          |   |                |                      | Cash            | Discount Payment Terms:   |            |         |

## Certifications

Under penalties of perjury, I certify by signing below 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).

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.

3. My firm is not currently debarred, suspended, or proposed for debarment by any federal entity and I agree to notify Emory University Payment Services of any change in status.

4. My firm does not currently have any employees, vendors, or other types of contractual relationships in place with parties on the U.S. Department of Treasury Office of Foreign Assets Control Specially Designated National (SDN) List. This list can be found at the following URL: <a href="http://www.ustreas.gov/offices/enforcement/ofac/sdn/">http://www.ustreas.gov/offices/enforcement/ofac/sdn/</a>

6. Are you or any Officer, Owner or Partner in this company an employee of Emory University?

|  | 7. | Is a direct family | member of any of | of the above an | Emory University | employee (spouse, | partner, e | tc.)? |
|--|----|--------------------|------------------|-----------------|------------------|-------------------|------------|-------|
|--|----|--------------------|------------------|-----------------|------------------|-------------------|------------|-------|

| 8 | Does | vour firm | agree to | Emory's | s na | yment terms | of Net302 |
|---|------|-----------|----------|---------|------|-------------|-----------|
|   |      |           |          |         |      |             |           |

Signature:

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🗌 Yes 🔲 No

□ Yes □ No □ Yes □ No

🗌 Yes 🔲 No