



# Substitute W-9

**Complete this form if:**  
 1. You are a U.S. entity (include a resident alien); AND  
 2. You are a vendor that provides goods or services to the Oregon University System

New Request - OR -  Update: (select from the following)

<input type="checkbox"/> Tax ID#	<input type="checkbox"/> Contact Information	<input type="checkbox"/> Vendor Payment Address
<input type="checkbox"/> Legal Name	<input type="checkbox"/> Vendor Type/MWESB	<input type="checkbox"/> Vendor Order Address

**LEGAL NAME of Vendor/Company/Entity (MUST match TIN below):** \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_ - OR - \_\_\_\_\_  
Federal Tax I.D. Number Social Security Number (for individuals and sole proprietors)

DBA Name (if applicable): \_\_\_\_\_

**VENDOR CONTACT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

<p><b>VENDOR TYPE - Select all that apply</b></p> <table border="0"> <tr><td><input type="checkbox"/> Sole Proprietorship</td><td><input type="checkbox"/> Independent Contractor</td></tr> <tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Qualified Rehabilitation Facility</td></tr> <tr><td><input type="checkbox"/> Non-Profit</td><td><input type="checkbox"/> Limited Liability Company - Individual</td></tr> <tr><td><input type="checkbox"/> Local Government</td><td><input type="checkbox"/> Limited Liability Company - Partnership</td></tr> <tr><td><input type="checkbox"/> State of Oregon</td><td><input type="checkbox"/> Limited Liability Company - Corporation</td></tr> <tr><td><input type="checkbox"/> Federal Agency</td><td><input type="checkbox"/> None of these Vendor Types Apply</td></tr> <tr><td><input type="checkbox"/> Incorporated</td><td></td></tr> </table>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Qualified Rehabilitation Facility	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Limited Liability Company - Individual	<input type="checkbox"/> Local Government	<input type="checkbox"/> Limited Liability Company - Partnership	<input type="checkbox"/> State of Oregon	<input type="checkbox"/> Limited Liability Company - Corporation	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> None of these Vendor Types Apply	<input type="checkbox"/> Incorporated		<p><b>MWESB - Select all that apply</b></p> <table border="0"> <tr><td><input type="checkbox"/> Minority Business Enterprise</td></tr> <tr><td><input type="checkbox"/> Women Business Enterprise</td></tr> <tr><td><input type="checkbox"/> Emerging Small Business</td></tr> <tr><td><input type="checkbox"/> Disadvantaged Business Enterprise</td></tr> <tr><td><input type="checkbox"/> Not Applicable</td></tr> </table> <p>State Certification Number (if applicable):        _____</p>	<input type="checkbox"/> Minority Business Enterprise	<input type="checkbox"/> Women Business Enterprise	<input type="checkbox"/> Emerging Small Business	<input type="checkbox"/> Disadvantaged Business Enterprise	<input type="checkbox"/> Not Applicable
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<p><b>VENDOR PAYMENT ADDRESS (VP)</b></p> <p>_____</p> <p>Street/PO Box</p> <p>_____</p> <p>Second line</p> <p>_____</p> <p>City State Zip</p>	<p><b>VENDOR ORDER ADDRESS (VO)</b></p> <p><input type="checkbox"/> Check if Order address is the same as Payment Address</p> <p>_____</p> <p>Street/PO Box</p> <p>_____</p> <p>Second line</p> <p>_____</p> <p>City State Zip</p>
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**CERTIFICATION**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

**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.

\_\_\_\_\_  
Signature Date Printed Name / Title

<p><input type="checkbox"/> <b>YES - Please send me information that would allow me to receive payments via ACH (Direct Deposit)</b></p>	<p><b>Requesting Department Contact (if applicable):</b></p> <p>Name: _____</p> <p>Phone: _____</p>
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<p><b>Send completed form by e-mail, fax or mail:</b></p> <p>Scan &amp; E-Mail: <a href="mailto:co_accts_payable@lists.ous.edu">co_accts_payable@lists.ous.edu</a></p> <p>Fax: 541.737.0552</p> <p>Mail: OUS Business Services        PO Box 488        Corvallis, OR 97339-0488</p>	<p><b>Business Services Use Only</b></p> <p>Vendor Master Updated Date: _____</p> <p>Employee Initials _____</p>
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