

**WEBER STATE UNIVERSITY**

1014 University Circle
 Ogden, UT 84408-1014
 Phone: (801) 626-6606 Fax: (801) 626-7464

Vendor Registrar

WSU Vendor ID: _____
 (For Internal Use Only)

Send Orders To:		Send Payments To:	
Business Name:		Business Name:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Contact Name:		Contact Name:	
Contact Phone:		Contact Phone:	
Fax:		Fax:	
Email Address:		Email Address:	
FOB:		PAYMENT TERMS:	

Business, Trade, or DBA (doing business as) if different from above: _____

Does your company accept MasterCard? Yes No

Substitute IRS Form W-9 Information and/or Entity Identification

Check the box which describes the vendor's type of business and provide corresponding required information:	
<input type="checkbox"/> Individual or Sole Proprietorship	Name of owner as know to the Social Security Administration:
	SSN (Social Security Number) of owner: - -
<input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated Legal Service <input type="checkbox"/> Incorporated Medical Service <input type="checkbox"/> Corporation <input type="checkbox"/> Incorporated Trust/Estate <input type="checkbox"/> Federal Government Entity <input type="checkbox"/> Local or State Government Entity <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Sub Chapter S-Corporation <input type="checkbox"/> Other (describe)	Name of Business as entered on charter or document creating legal entity:
	TIN, EIN or FED ID: - (Taxpayer Identification Number)

IRS Substitute W-9: Federal law requires that we have on file a W-9 form with the **Social Security number or Employment ID number and signature** for each individual or business to whom the University makes a non-payroll payment. Therefore we ask that you complete the following information. The IRS may impose a penalty of up to \$500.00 for non-compliance or supplying false information.

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 IRS that I am subject to backup withholding as a result of 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).

Workers Compensation Certification for consultants and independent contractors-I hereby certify, that I am entitled to claim independent contractor status and that I have complied with all business licensing requirements. I certify that I pay my own federal, state, and city income/social security taxes in accordance with estimated tax payment requirements. I acknowledge that, as an independent contractor, I am not eligible for workers compensation, unemployment compensation or other University employee benefits. I understand that the University will issue a Form 1099-MISC to independent contractors who receive over \$600 in remuneration during a calendar year.

 Authorized Signature

 Title

 Date

 Typed Name

 Phone Number