Substitute W-9 Form Instructions (Please fill using black pen)

Part I – Taxpayer Information
• Name - Enter the name of individual or business. This must be the legal name that matches IRS tax records.
• Business Name – Fill out ONLY when different from name above.
• Check appropriate box for the citizenship status (check only one box).
• Check appropriate box(s):
  o For individuals, check “Individual/Sole Proprietor” box.
  o For companies, select and check the box that best describes the company.
• Enter contact information (as detailed as possible). The address should match with the IRS records.

Part II – Taxpayer Identification Number (TIN)
• Enter the recipient’s tax identification number:
  o For individuals and sole proprietors, this is the Social Security Number (SSN).
  o For corporations and businesses with employees, this is the Employer Identification Number (EIN)

Part III – Taxpayer Information – FOR BUSINESSES/COMPANIES ONLY
• Enter Type of Business
  o Make sure to review and check any applicable sub-categories.
  o Review the US Government Excluded List at [https://www.sam.gov/portal/public/SAM/](https://www.sam.gov/portal/public/SAM/) to determine if your company is subject to any exclusions then check the Yes or No box.
  o Indicate if any U-M employee is affiliated with the company.

• Purchase Order Distribution
  o The University will generate and send you a copy of the Purchase Order. Check how you want the PO sent to you (default is fax). If fax is not available, check either email or mail.

• Remit to Address
  o If the address differs from Part I, fill out a current mailing address in this section.

Part IV – Certification
• The recipient should read the certification information and sign/date.
• Please fax, mail, or hand-deliver completed form together with the Payment for Services form to the Stamps School of Art & Design Dean’s Office. Due to security concerns, we discourage you from emailing documents that contain sensitive personal information such as SSN. Contact info:
  o Mailing Address: Attn: Stamps HR Office
    2000 Bonisteel Blvd
    Ann Arbor, MI 48109-2069
  o Fax: 734-615-9753
Part I Taxpayer Information

IRS Reporting Name (must match IRS records – this name must match the Taxpayer Identification Number below)

Business Name, if different from above. (Doing Business As)

Check one: □ U.S. Citizen □ Resident Alien or Permanent Resident □ Non-Resident Alien/Foreign Entity

If Resident Alien/Permanent Resident or Non-Resident Alien/Foreign Entity, Country of citizenship _______________ Country of Origin _______________

Check appropriate box(es): □ C Corporation □ S Corporation □ Individual/Sole Proprietor □ Not for Profit □ Trust □ Partnership

If LLC, choose tax classification (required): □ C Corp □ S Corp □ Partnership □ Individual/Sole Proprietor

Choose as many as apply: □ Medical Service Provider □ Lawyer/Attorney

Address (Number, street, and apt or suite number)

City, State, and Zip Code

Part II Taxpayer Identification Number (TIN)

Enter your TIN in the box provided. For individuals, this is your Social Security number (SSN). However, for a resident alien see page 2 of the IRS form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see “How to get a TIN” on page 2 of the IRS form W-9. IRS form W-9: http://www.irs.gov/pub/irs-pdf/fw9.pdf

Taxpayer Identification Number

Part III Taxpayer Information

The undersigned certifies that the above named company maintains a business classification as indicated below. Further, it is understood and agreed that misrepresentation of the supplier’s business classification is subject to penalties as prescribed in FAR Clause 52.219.1, “Small Business Program Representations.”

Type of Business □ Small □ Large □ Historically Black Colleges & Universities □ Alaska Native Corporation/Indian Tribe (Large/Non Certified as SDB)

Subcategories of Small Business (the company is at least 51% owned, controlled, actively managed by). Check all that apply:

Type of Business □ Small Disadvantaged Business □ Woman Owned □ Veteran Owned □ HUBZone □ Service-Disabled Veteran Owned □ Minority Owned

Is your company listed as debarred, or on the Government Excluded Parties List System? □ Yes □ No

Indicate if a University of Michigan employee is any of the following in your company:

□ Stockholder □ Director □ LLC Member □ Partner □ Employee □ Joint Venture

Delivery of Purchase order will be fax unless otherwise noted: □ Fax: □ Email Address: □ Mail

Primary NAISC Code: □ Dun & Bradstreet No:

Part IV 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).

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.

Certification Instructions. – You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest of dividends on your tax return. For real estate transaction, 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 or dividends, you are not required to sign the Certification but you must provide the correct TIN.

Sign Here

Signature ___________________________ Date __________________

Print Name ___________________________

Any questions regarding this form, please email: supplier.maintenance@umich.edu

REVISED 10/18/2016