Substitute IRS Form W-9 and Vendor Authentication

General Form Notes

- Fields with an asterisk (*) are required fields.
- Clicking the Next button at the bottom of the page will save the properly completed page and advance to the next page. Blank required fields or incorrectly entered fields must be entered before advancing to the next page.
- The form will be available for editing, until it is submitted. After submission, a new form can be started. Submitted forms cannot be retrieved and edited.

Completing the Form

- Description of Services* - One Description MUST be selected. Choose Other – If unsure, then enter brief description.

Supplier Information

Legal Name* - Full first and last name of supplier primary contact
Business Name – Name of business if different from Legal Name. Not required for Research Participant Research Board/Committee Member, or Honorarium. May be required for Providing Goods and/or Service or Other.
Name of FSU contact you are working with regarding a purchase*
Email of FSU contact you are working with regarding a purchase*
Phone number of FSU contact you are working with regarding a purchase*
Briefly describe the commodities or services you sell/provide* - Required for Providing Goods and/or Services and Other. Otherwise, enter the “appropriate description” selected above.
Approximate dollar amount for the purchase* - Required for Providing Goods and/or Services and Other. For Other, enter $1 or the amount if known.

Note: Please enter the name, email, and phone number of the FSU employee requesting the complete form for questions regarding FSU contact information.
Student/Employee

- **Student** - If you are currently an FSU student, check Yes and enter the type, such as Undergraduate or Masters. If not a student, then select No. If you are a student, you may need to be paid through Student Business Services.

- **Employee** – Check Yes, if you or a member of your company is an employee of FSU. If Yes, enter where you or they are employed and review the link to Chapter 112 to ensure there is no conflict of interest.

**Entity Type**

Select your Entity Type:

- Individual/Sole Proprietor or Single Member LLC
- If unsure about Entity type, it should be specified on the Employer Identification Number (EIN) notice received from the IRS.
- Exemptions section can be left blank.

**Tax Status and Exemptions**

Enter your Taxpayer Identification Number (TIN) in the space provided and indicate if this is a Social Security Number (for individuals) or an Employer Identification Number (for other entities).
• An IRS issued tax number (SSN, EIN/TIN) MUST be provided, otherwise, FSU cannot accept the application.
  o **Employer Identification Number (EIN)/ Tax Identification Number (TIN)** – C Corporations, S Corporations, Partnerships, Trust/Estates, Government Entities, Tax Exempt, Other must use an EIN number.
    ▪ The number will always be a 9-digit number. Enter the number without any hyphens.
  o **Social Security Number** – used by Individual/Sole Proprietor or Single Member LLC and Limited Liability (LLC).
    ▪ Enter the number without any hyphens.

**Vendor Contact Information**

- **Main Business Contact** – Same as Legal Name above.
- **Other Addresses**
  o If a Research Participant, Research Board / Committee Member, or Honorarium, then Other Addresses will usually be left blank.
  o Use “Other Addresses” if the check mailing address is different from the address under Vendor Contact Information.
Federal, Small and/or Minority Classification Information

<table>
<thead>
<tr>
<th>Federal Classification *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Large Business, Non Minority Owned</td>
<td>B. Small Business, FL, Non Minority Owned</td>
</tr>
<tr>
<td>C. Small Business, Non-Florida Minority Owned</td>
<td>D. Minority Business (Federal SBA Certified)</td>
</tr>
<tr>
<td>E. Minority Business (Federal SBA Certified FEMA)</td>
<td>F. Minority Business (Federal SBA Certified Disadvantaged Business)</td>
</tr>
<tr>
<td>G. Minority Business (NCMBE) Non-Certified</td>
<td>H. Small Business Federal (Hub Zone Firm)</td>
</tr>
<tr>
<td>I. None/Not Applicable</td>
<td>J. Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Florida Certified Minority Business Enterprises (CMBE) *</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>M. African American</td>
<td>N. Hispanic</td>
</tr>
<tr>
<td>O. Asian / Hawaiian</td>
<td>P. Native American</td>
</tr>
<tr>
<td>Q. American Woman</td>
<td>R. Veteran Owned</td>
</tr>
<tr>
<td>S. Service Disabled Veteran</td>
<td>T. Non/Not Applicable</td>
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</tbody>
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<tbody>
<tr>
<td>S. Minority Board of Directors</td>
<td>T. Minority Employee</td>
</tr>
<tr>
<td>U. Minority Community Served</td>
<td>V. Other Non-Profit</td>
</tr>
<tr>
<td>W. None/Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

If you selected a classification that is certified by a Federal or State agency, please attach your certification in the following pages of this form. To determine your Federal Small Business Size Standard, please access the US Small Business Administration’s website: www.sba.gov/size. To look up your North American Industry Classification System Code (NAICS), please access the US Census Bureau website: https://www.census.gov/naics/.

- None/Not Applicable should be selected for Research Participants, Honorarium and Research Board/Committee Member for each of the four sections:
  - Federal Classification
  - State of Florida Certified Minority Business Enterprises (CMBE)
  - (NCMBE) Non-Certified
  - Non-Profit Organization
Payment Method Information

- The default payment method that does not require additional information is Check.
- To use Direct Deposit or Single Use Virtual Visa Card will require additional information.
  - Direct Deposit will require Payee bank account information and a scanned copy of a voided check.
  - Single Use Virtual Visa Card will require the Payee to setup a free VCard account so Wells Fargo will know where to send the payment.

Direct Deposit

- Checking Account Number* - FSU can only make direct deposits to checking accounts on US Banks. The number does not have a fixed number of digits, but it may have leading zeroes.
- Transit/Routing Number* - The bank routing number will ALWAYS have 9 digits and may have leading zeros.
- Electronic Remittance Advise E-Mail – E-Mail address where a notice will be sent whenever a direct deposit payment is made.
Single Use Virtual Visa Card (V-Card)

The V-Card payment method is a convenient way to receive payments, if the supplier can accept credit card payments. FSU’s normal payment terms are Net 40, but V-Card is paid Net 14. The supplier will need to register with Wells Fargo, so Wells Fargo will know where to send the payment information. If this method is chosen, FSU will be in further contact to complete the setup process.

- If supplier agrees and understands the E-Payments Sign-Up, check the 4 boxes. If there is an issue with any component of the V-Card, change the selection back to Check or Direct Deposit.
- Enter the Virtual Card Information
  - Payment Deliver Email* - email address where Wells Fargo will deliver the payment information
  - Payment Deliver Phone Number* - Phone number of the Contact Person below.
  - Payment Deliver Contact Person* – Person to contact if there is an issue with a payment.

Document Upload

- Upload any relevant or requested scanned documents.
  - If Direct Deposit was selected, upload a scanned or photographed copy of a voided check.
Certification

Under the 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The taxpayer code entered on this form is the same as that indicated on my exemption certificate.

Sign and Title Below

Printed Name* 
Your Name Here

Title* 
Research Participant

Signature of Authorized Person With Vendor

You agree your electronic signature is the legal equivalent of your manual signature on this agreement.

Signature

5/1/2021

You can contact FSU Disbursement Services at:
A5007 University Center
Tallahassee, Florida 32306-3391
Office: 850-644-9211 Fax: 850-644-8137
CTL-AP/Vendins@fsu.edu

- Enter your name in the field Printed Name*.
- If you are entering the information on behalf of a company, please enter your Title*. If you are an individual, enter the type of supplier from Page 1.
- Enter your signature facsimile in the Signature field.

After completing the form online, a copy of the responses can be downloaded by clicking on the Download PDF link on the upper right corner of the page.
• You can also scroll through the completed form to confirm your responses and make any changes if necessary.
• After reviewing the form and making any corrections, click “Next” button at the bottom of the page and the system will submit the form.
• **Important:** The form is not submitted until you click the “Next” button and receive the below message.