



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

Florida State University
Substitute IRS Form W-9 and Vendor Authentication

- If you are not a US Citizen or permanent US Resident, DO NOT complete this form. Complete the appropriate WS for individuals via the [IRS website](#).
- If you are a foreign entity, do not fill out this form. Please refer to the IRS instructions and forms for foreign businesses found [here](#) and submit the correct IRS information. You will need to review the different W-9 versions (W-9 BEN-E, W-9 ECI, W-9 EXP or W-9 IMY) to determine the appropriate form for your company.
- After completion of the required form, send the signed document to your FSU department contact to work with Procurement Services or Accounts Payable for setup.

Select the appropriate description of services provided.

Providing Goods and/or Services Research Participant
 Peer Reviewer or Research Board/Comm. Member Honorarium Recipient
 Other (specify) _____

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

Supplier Information

Supplier Information

Legal First Name (as shown on your income tax return) *

Legal Last Name (as shown on your income tax return) *

Business Name (if different from above)

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 *

Approximate dollar amount for this purchase *

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

Are you currently an FSU student? *

Yes (Describe) No

At the present time, to the best of your knowledge, are you or any member of your company an employee of FSU? All suppliers must be in compliance with [Chapter 112, Florida Statutes](#). *

Yes (Describe) No

- **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

Entity Type

Please select one of the following entity types. If "Other" is selected, please indicate the type of entity. (Must select 1) *

Individual/Sole Proprietor or Single Member LLC
 Partnership
 Governmental Entity

C Corporation
 Trust/Estate
 Tax Exempt (501-C)

S Corporation
 *Limited Liability Company (LLC), enter tax classification below (C - C Corp, S - S Corp, P - Partnership)
 Other (specify)

*Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Exemptions (codes apply only to certain entities, not individuals)

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

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

Tax Status and Exemptions
Must Select One

Collection and Use of Social Security Numbers - The request for your SSN or other Taxpayer Identification Number by FSU Finance and Administration is mandated by 28 U.S.C. 6041 and related IRS regulations. If you have questions about the collection and use of Social Security Numbers at FSU, please visit: <http://policies.vps.fsu.edu/financeandregard.htm>

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). *

Social Security Number (SSN, XXXXXXXXX)
 Employer Identification Number (EIN/TIN, XXXXXXXXX)

Next



- An IRS issued tax number (SSN, EIN/TIN) MUST be provided, otherwise, FSU cannot accept the application.
 - **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.
 - **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

Vendor Contact Information

Street Address *

City *

State *

Zip *

Main Business Contact *

Main Business Contact Email *

Phone (include area code) *

Fax (include area code)

Other Addresses

(Only if Different From Above, Click Next to Provide Address(es))

Remit Payments (send payments to) Corporate Mailing Other (specify)

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



Federal, Small and/or Minority Classification Information

Federal, Small and/or Minority Classification Information
(Please check all that apply)

Federal Classification *

A. Large Business, Non-Minority Owned E. Governmental Entity
 B. Small Business, FL, Non-Minority Owned F. Non-Profit Organization
 C. Small Business, Non-Florida Minority Owned G. PRIDE
 D. Minority Business (Federal S8A Certified BA Firm) Other
 C1. Federal S8A Certified Disadvantaged Business None/Not Applicable
 D1. Small Business Federal (Hub Zone Firm)

State of Florida Certified Minority Business Enterprises (CMBE) *

H. African American M. American Woman
 I. Hispanic W. Service Disabled Veteran
 J. Asian / Hawaiian None/Not Applicable
 K. Native American

(NCMBE) Non-Certified *

N. African American R. American Woman
 O. Hispanic Y. Veteran Owned
 P. Asian / Hawaiian None/Not Applicable
 Q. Native American

Non-Profit Organization *

S. Minority Board of Directors V. Other Non-Profit
 T. Minority Employees None/Not Applicable
 U. Minority Community Served

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/>.

Qualifying Number of Employees
 OR Annual Amount (\$)
 NAICS Code
 Standard Industrial Classification (SIC Code)
 SIC Amount (\$)

***If you do not know your industry's SIC Code please visit the U.S. Department of Labor's web site.

- 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

Payment Method Information
(Must Select One)

FSU recommends all suppliers be paid electronically. Electronic payments provide you with faster invoice payment, detailed remittance information, and improved cash flow.

Electronic Payment Choices

Direct Deposit (have bank account information available for next step)

Single Use Virtual Visa Card (V-Card)

Non-Electronic Payment Choice

Check

Back
Next

- 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

YOUR NAME 123
1234 Main Street
Anywhere, OH 00000 DATE _____

PAY TO THE ORDER OF _____ \$ _____
_____ DOLLARS

| 2044072324 | | 4000123456789 | | 123

ROUTING NUMBER
 ACCOUNT NUMBER
 CHECK NUMBER

Payment Method Information
(Must Select One)

FSU recommends all suppliers be paid electronically. Electronic payments provide you with faster invoice payment, detailed remittance information, and improved cash flow.

Electronic Payment Choices

Direct Deposit (have bank account information available for next step)

Single Use Virtual Visa Card (V-Card)

Non-Electronic Payment Choice

Check

Direct Deposit Information

Checking Account Number *

Transit/Routing Number *

Financial Institution Name

Financial Institution Phone Number

Electronic Remittance Advice E-Mail

SPECIAL NOTE: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to FSU and cause a seven to ten-day delay before you receive your payment. Direct deposits take effect immediately, so please ensure your information is correct. FSU is not liable for any incorrect information submitted by the vendor on this form (e.g., account number, routing number, vendor identification number).

The University may request additional information to confirm your banking information.

Back
Next

- **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 Advice 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.

Payment Method Information
(Must Select One)

FSU recommends all suppliers be paid electronically. Electronic payments provide you with faster invoice payment, detailed remittance information, and improved cash flow.

Electronic Payment Choices

Direct Deposit (check bank account information available for next step)

Single Use Virtual Visa Card (V-Card)

Non-Electronic Payment Choice

Check

E-Payments Sign-Up

Purpose: To authorize Florida State University to start paying a supplier using Wells Fargo E-Payment system.

I am authorizing set up of E-Payments (Payments via single use Visa cards) from Florida State University

I understand that this will require credit card processing with all applicable interchange fees.

Secure payment notification will be sent to the e-mail provided in the Payment Notification Contact Information Section below.

I understand that my company's payment terms will be updated from the standard Net 40 to Net 14 days by adopting this payment method.

I am authorized to make this payment change and understand the processing method and requirements.

Virtual Card Information

Virtual Cards have payment terms of 15 days. Standard interchange fees will apply as with all credit card payments.

Payment Delivery Email *

Payment Delivery Phone Number *

Payment Delivery Contact Person *

- 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

Please upload any relevant documents below. If you have no documents to include, select the next button.

Drop files or click here to upload

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



Certification

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); 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 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 FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Sign and Title Below

Printed Name *

Title *

eSignature of Authorized Person With Vendor
You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Signature

clear

5/7/2021

You can contact FSU Disbursement Services at:
A5607 University Center
Tallahassee, Florida 32306-2391
Office: 850-644-5021 | Fax: 850-644-8137
CTL-APVendors@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.

Please take a moment to review your responses below.
If your responses are, to the best of your knowledge, accurate, scroll to the bottom of the page and select the Next button to submit this form.
If not, use the back button to modify your responses.

Below is a summary of your responses. Download PDF

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- After completion of the required form, send the signed document to your FSU department contact to work with Procurement Services or Accounts Payable for setup.

Select the appropriate description of services provided

Providing Goods and/or Services Research Participant

College of Medicine - Clinical Rotation Honorarium Recipient

Other (specify):

- 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 contact FSU Disbursement Services at:
A5607 University Center
Tallahassee, Florida 32306-2391
Office: 850-644-5021 | Fax: 850-644-8137
CTL-APVendors@fsu.edu

Next

- 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.

FLORIDA STATE UNIVERSITY



We thank you for your time spent taking this survey.
Your response has been recorded.