



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

Payables and Disbursement Services
5607 University Center A
Tallahassee, FL 32306-2391
Ph: (850) 644-5021 Fax: (850) 644-8137
accountspayable@admin.fsu.edu

For the protection of confidential information, please mail or fax the completed form to:
Payables and Disbursement Services
5607 University Center A
Tallahassee, FL 32306-2391
Fax: (850) 644-8137

General Instructions and Information

- **This form is intended for Non-P.O. Vendors only. For P.O. Vendors please submit the Vendor Questionnaire Form found [here](#)** (Detailed instructions for submitting the questionnaire are available [here](#)).
- If you are **not a US Citizen or permanent US Resident**, DO NOT complete this form. Contact FSU's Payroll Services department at (850) 644-3813.
- 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. After completion of the required form, send the original, signed document to Payables and Disbursement Services. If you have any questions or concerns when dealing with foreign vendors please contact accountspayable@admin.fsu.edu for assistance.
- **Both pages of vendor application must be completed. Handwritten forms will not be accepted.**
- If the following form is not complete with accurate information, your payments may be subject to 28% federal income tax backup withholding.

Legal Name

Business Name (if different from above)

Entity Type

Please select one of the following entity types. If "Other" is selected, please indicate the type of entity in the space provided.

- ☐ Individual / Sole Proprietor ☐ Corporation ☐ Tax-Exempt Organization (501-C)
- ☐ Partnership ☐ Limited Liability Company (LLC, LLS or LLD) ☐ Governmental Entity
- ☐ Association / Estate / Trust ☐ Other

Vendor Contact Information

Street Address City State Zip

Main Business Contact Phone Fax

Main Business Contact Email FSU Dept Contact

Tax Status and Exemptions

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 26 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.vpfa.fsu.edu/bmanual/safeguard.html>.

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). The TIN and Legal name must match IRS records to avoid the 28% withholding.

☐ Social Security Number ☐ Employer Identification Number SSN/EIN DUNS#

Supplemental Information

Select the appropriate description of services provided:

- ☐ Rents or Royalty payments; prizes and awards that are not services, such as winnings on TV or radio shows ☐ Payments to physicians, physicians' corporations, or other supplier of health and medical services
- ☐ Payments for services performed for a trade of business by people not treated as its employees ☐ Gross Payments to Attorneys
- ☐ Clerkship Faculty ☐ Clerkship Director
- ☐ Non-Duty Stipend ☐ Fellowship ☐ Research Participant
- ☐ Other

Federal, Small and/or Minority Status Information (Please check all that apply)			
Federal Classification		State of Florida Certified Minority Business Enterprises (CMBE)	
<input type="radio"/> A. Large Business, Non-Minority Owned <input type="radio"/> C. Small Business, Non-Florida Minority Owned <input type="radio"/> C1. Federal SBA Certified Disadvantaged Business <input type="radio"/> E. Governmental Entity	<input type="radio"/> B. Small Business, FL, Non-Minority Owned <input type="radio"/> D. Minority Business (Federal SBA Certified 8A Firm) <input type="radio"/> D1. Small Business Federal (Hub Zone Firm) <input type="radio"/> F. Non-Profit Organization <input type="radio"/> G. PRIDE <input type="radio"/> Other	<input type="radio"/> H. African American <input type="radio"/> I. Hispanic <input type="radio"/> J. Asian / Hawaiian <input type="radio"/> K. Native American <input type="radio"/> M. American Woman <input type="radio"/> W. Service Disabled Veteran (Certified Service Disabled) <input type="radio"/> Not Applicable	
(NCMBE) Non-Certified		Non-Profit Organization	
<input type="radio"/> N. African American <input type="radio"/> P. Asian / Hawaiian <input type="radio"/> R. American Woman <input type="radio"/> Not Applicable	<input type="radio"/> O. Hispanic <input type="radio"/> Q. Native American <input type="radio"/> Y. Veteran Owned	<input type="radio"/> S. Minority Board of Directors <input type="radio"/> U. Minority Community Served <input type="radio"/> Not Applicable	
<p>A. If you selected a classification that is certified by a Federal or State agency, please supply your certification number(s) and expiration dates for each certification and the agency or agencies name(s) that issued the certification with this application.</p> <p>B. To determine your Federal Small Business Size Standard, please access the US Small Business Administration's website: www.sba.gov/size.</p> <p>C. To look up your North American Industry Classification System Code (NAICS), please access the US Census Bureau website: www.census.gov/epcd/www/naics.html. If you are using Federal Small Business Size Standards and NAICS, please enter the following information:</p>			
Qualifying Number of Employees <input style="width: 50px;" type="text"/>		OR Annual Amount (\$) <input style="width: 100px;" type="text"/>	
Standard Industrial Classification (SIC Code): <input style="width: 100px;" type="text"/>		NAICS Code <input style="width: 100px;" type="text"/>	
<p style="text-align: right;">**If you do not know your industry's SIC Code please visit the U.S. Department of Labor's web site found here.</p>			
Payment Method Information (Please check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Virtual Card (V-Card) <input type="checkbox"/> Direct Deposit			
Certification			
<p>Under the penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The information supplied herein, including all attachments, is correct to the best of my knowledge, and In doing business with Florida State University, I or my organization is in compliance with Chapter 112, Florida Statutes, conflict of interest, and I have disclosed the name of any FSU employee who owns, directly or indirectly, an interest of 10% or more in the above organization or any of its branches, and My vendor status with Florida State University has no relation with any employment I may have at FSU or I certify I am not an employee of Florida State University, and 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 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. Person, including a U.S. resident alien. 			
Signature of Authorized Person with Vendor _____			Date <input style="width: 100px;" type="text"/>
Name and Title of Authorized Person with Vendor <input style="width: 500px;" type="text"/>			
Telephone Number <input style="width: 150px;" type="text"/>		Email Address <input style="width: 200px;" type="text"/>	
For FSU Internal Use Only			
Vendor ID: _____		Date Entered: _____	
Is this vendor and FSU Employee <input type="checkbox"/> Yes <input type="checkbox"/> No		Tin Matched? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*If yes, seek approval from Payroll Services.		Entered By: _____	
		Date: _____	
		Reviewed By: _____	
		Date: _____	
*Payroll Approver's Signature _____		Date _____	
Comments: _____			