

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-				-			
<b>or</b>											
<b>Employer identification number</b>											
					-						

**Part II 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 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.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, 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 and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## Supplier Information Form

*Employees, students, student employees, retirees or any business associated with the aforementioned, should contact the HR Office at their institution for guidance and determination of the appropriate method of payment.*

### Section 1: Requesting Institution Information

**USG Institution to which you are providing goods or services: \***

**USG Contact Person:**

**USG Phone Number:**

### Section 2: Supplier Information

**Business/Individual Contact Information**

**Legal Name: (name used on tax filing & W9)**

**Additional Name or DBA:**

**Contact Name: \***

**Phone Number \***

Please enter a valid phone number

### Section 3: Supplier Business Type Information

**1. Are you primarily a supplier of services, goods, or both? \***

**2. Do you expect to receive payment for any of the following from USG?**

*Selection required if answer to option 1 is "Services" or "Both" \**

### Additional Reporting Elements

**Small Disadvantage:**

8(a) Contract Award  
8(a) with HUBZone Priority SDB Set-Aside  
SDB Price Evaluation Analyst  
SDB Participating Program Not Applicable

**Number of Employees:**

10 or less  
11-100  
101-300  
301-1000  
1001 or more



**Other Preference Programs:**

Buy Indian  
Directed to JWOD Nonprofit  
No Preference/Not Listed  
Small Business Set-Aside  
Very Small Business Set-Aside

**Veteran Owned Business:**

Not Veteran Owned Small Business  
Service Disabled VOSB  
Veteran Owned Business

\* A small business is defined as a business that is independently owned and operated. In addition, such a business must either have 300 less employees or \$30 million or less in gross receipts per year.

\*\* Georgia resident business is defined as any business that regularly maintains a place from which businesses is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place form which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**Ethnic Minority (51% or More)**

African American  
Asian American  
Hispanic/Latino  
Native American  
Pacific Islander

**Other Business Classification:**

Small Business\*  
Georgia Resident Business\*\*  
Women Owned Business  
Minority Owned Business  
Not Applicable

**Section 4: Updates to Existing Supplier**

***\*If you have recently had an address change, please list old and new\****

**Address Information**

**Purchase Order Address:**

Same as listed on the W9

Old/Prior Address Information:

New Address Information:

**Address:**

**City:**

**State:**

**Zip Code:**

**Payment (Remittance) Address:**

Same as listed on the W9

Old/Prior Address Information:

New Address Information:

**Address:**

**City:**

**State:**

**Zip Code:**



## Section 5: Payment Information

### ACH - Direct Deposit Instructions:

Please note that the University System of Georgia, as per the State Accounting Office vendor payment policy, requires electronic payments, ACH, EFT or direct deposit, to our suppliers/vendors. Electronic payments will ensure secure and timely payment for your goods and/or services.

### Action Required:

1. Select **Add Bank** Information to set up ACH payments for the first time.
2. Select **Change Bank** Information to update banking information for ACH payments.

**Contact your financial institution for help with routing and account numbers.**

Notes:

- For first time ACH setup or changes to ACH information, pre-notification is required and will take 10 days to complete. Payments made before the pre-notification process is complete will occur by check.
- Please note that representatives from our Shared Services Center may call to verify addresses and/or banking information. The call will come from a Sandersville, GA "478" area code.

**\* If you are changing bank information, please list old and new\***

**Transaction Type:**

**Account Type:**

Old/Prior Banking Information:

New Banking Information:

**Name on Account:**

**Bank Name:**

**Routing Number:**

**Account Number:**

**Re-enter Account Number:**

## Authorized Signature

*Signature indicates Supplier authorized you to complete, sign and submit this form on its behalf.*

**ACH Contact Name:**

**Email for ACH Confirmation:**

**Signature of Authorized Individual:**

**Date:**

**Authorization:** I hereby authorize USG or its affiliated institution(s) to deposit all payments to the account of Supplier's financial institution listed above. This authorization remains in effect until USG Shared Services Center, or the affiliated institution has received written notification of a change to the information from Supplier, which possesses sole responsibility for notification of any changes to account information. USG Shared Services Center will use reasonable measures to verify information provided by Supplier; however, the accuracy of information provided by Supplier rests solely with Supplier.