



Associate Vice Chancellor Business Affairs

We are required by law to have your taxpayer identification number (TIN) on file regardless of the nature of your business or whether your company is a corporation. A TIN is either a nine (9) digit Social Security Number or a nine (9) digit Employer Identification Number (EIN).

If you wish to use a substitute W9 form instead of the form provided by us, please reference on the form the name to which we sent the request and the six digit number located on the bottom right-hand corner of the form provided. We may have your organization in our system by an incorrect or outdated name and will need this reference to match your information with our vendor system.

Please do not provide your Sales Tax Exempt certificate or number.

The attached form may be faxed to (479) 575-4158 or mailed to:

University of Arkansas
321 Administration Building
Fayetteville, AR 72701

PLEASE RETURN AS SOON AS POSSIBLE TO PREVENT A DELAY IN PAYMENTS BEING ISSUED TO YOUR COMPANY.

Thank you for your prompt attention to this matter. If you have any questions, please call Business Affairs at 479-575-2551.



Office of Business Affairs
Request for Taxpayer Information

No payments will be released until this form is completed and returned.

- If sole proprietorship complete item 1 and 2, otherwise start at item 2.
- PLEASE PRINT OR TYPE.

1. _____
last name *MI* *first name*

2. _____
business name

3. _____
address

4. _____ *city* _____ *state* _____ *zip code* 5. _____ *web address*

6. _____
contact name

7. Phone: (_____) - _____ *area code* 8. Fax: (_____) - _____ *area code*

9. TAXPAYER IDENTIFICATION NUMBER (TIN):

Employer Identification Number (EIN): _____ - _____
 (For Corporations, Trusts, Estates, Pension Trust, Associations, Clubs, Religious, Charitable, Educational, or other tax-exempt organizations, Partnerships, Brokers or registered nominees, Sole Proprietorships)

Social Security Number (SSN): _____ - _____ - _____
 (For Individuals and Sole Proprietorships)

Legal Name of Entity that appears on your Federal Tax Return (This should correspond with the EIN or SSN provided above)

10. **LEGAL STATUS:** *Check (1) only.*

- Corporation
- Individual/Sole Proprietor
- Partnership
- Non-or Not For Profit
- Non-Resident Alien
- Foreign Corporation

11. **INDIVIDUAL STATUS:**

- U.S. Citizen
- Resident Alien

12. **INDICATE HUB STATUS:**
 (Asian, Female-Owned, Hispanic, etc)

13. Payment Terms: NET _____ Discount Terms: _____

14. *Under penalties of perjury, I certify that the information provided is true, correct and complete.*

Signature _____
title

Print name _____
date

Please fax the completed form to: (479) 575-4158
 Or mail to University of Arkansas, 321 Administration Bldg, Fayetteville AR 72701.

For Office Use Only

Vendor No.