



New Vendor, or

Legacy Vendor ID (office use only) :

Vendor Update

Vendor ID in Banner (office use only) :

University Department Requesting Form _____

Company/Individual Name on IRS Record	Phone	Fax
Company DBA name – <i>Payments will be made payable to this name</i>	Phone	Fax
Contact Name	Phone	Fax
Commodity/Service Code (select from attached table)		
[PR/PO] Primary Business Address/Purchase Order Information	Phone	Fax
(PO Box or Street, City, State, 9-Digit Zip)	E-Mail Address and/or Company Website	
Contact Name	Title	
[RE] Remit To Information (if different from above) <i>Mailing address for checks and 1099 reporting</i>	Phone	Fax
(PO Box or Street, City, State, 9-Digit Zip)	E-Mail Address	
Contact Name	Title	
[RQ] Bid/Quote/Proposal Information (if different from above)	Phone	Fax
(PO Box or Street, City, State, 9-Digit Zip)	E-Mail Address	
Contact Name	Title	
[RG] Product Return Information (if different from above)	Phone	Fax
(Street, City, State, 9-Digit Zip)	E-Mail Address	
Contact Name	Title	

Do you currently have ACH capabilities? If not, indicate a possible future date for receiving payments electronically:

Yes No

Relationship Disclosure (check all that apply):

[R1] Yes No Are you or any Officer, Director, Owner or Partner in this company an employee of Missouri State University

[R2] Yes No Is a direct family member of any of the above an employee of Missouri State university
(direct family member includes spouse/partner or minor child)

[R3] Yes No Does any University employee have an ownership interest in your firm? If yes, What percentage? _____

[R4] Yes No Missouri State Alumni?

<p>IRS Business Classification (Must Check One)</p> <p>[IS] <input type="checkbox"/> Individual/Sole Proprietor</p> <p>[CP] <input type="checkbox"/> Corporation</p> <p>[PR] <input type="checkbox"/> Partnership</p> <p>[LL] <input type="checkbox"/> Limited Liability Entity (D-Disregarded entity, C-Corporation, P-Partnership)</p> <p>[OT] <input type="checkbox"/> Other _____</p>	<p>Check all that apply:</p> <p><i>If certified, please attach copy of certification with this form</i></p> <p>[SM] <input type="checkbox"/> Small Business</p> <p>[MN] <input type="checkbox"/> Minority-Owned Business Enterprise (MBE)</p> <p>[WO] <input type="checkbox"/> Woman-Owned Business Enterprise (WBE)</p> <p>[MO] <input type="checkbox"/> Missouri Certified MBE, WBE, DBE</p> <p>[HZ] <input type="checkbox"/> HUB Zone</p> <p>[SD] <input type="checkbox"/> Small Disadvantages Business (SDB)</p> <p>[SV] <input type="checkbox"/> Service-disabled Veteran Small Business</p> <p>[VO] <input type="checkbox"/> Veteran-Owned Small Business</p> <p>[HB] <input type="checkbox"/> Historically Black Colleges & University/Minority Institutions</p>
<p>Select if you maintain a regular place of business in the state of Missouri</p> <p>[MF] <input type="checkbox"/> Missouri Firm</p>	
<p>Select Income Type, if applicable :</p> <p>[MD] <input type="checkbox"/> Physician or Medical/Health Provider</p> <p>[AT] <input type="checkbox"/> Attorney or Legal Firm</p> <p>[FB] <input type="checkbox"/> Missouri Non-Resident Entertainer as determined by (office use only): University Dept: _____ Staff Initials: _____</p>	

Substitute IRS Form W-9 Certification

<p>Part I: Taxpayer Identification Number (TIN)</p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on Page 1 to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).</p>	<p>Social Security Number</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table> <p style="text-align: center;">OR</p> <p>Employee Identification Number</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>																		

Part II: Certification

Under penalties of perjury, I certify that:

- 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 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
- I am a U.S. citizen or other U.S. person (and authorized to sign an IRS Form W-9)

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.

For additional information refer to the website link below: www.irs.gov and go to Form W-9

Sign Here	Signature of U.S. Person	Date	
Printed Name:			
Title:			

<p>Mail/Fax completed form to:</p> <p>Office of Procurement Services 901 South National Avenue Carrington Hall 106, Springfield, MO 65897 Phone: 417-836-5260 Fax to: 417-836-6583 Website: www.MissouriState.edu/Procurement</p> <p>05.03.08/Revised 2.24.11</p>	<p>If your business relationship is only with the University's West Plains campus</p> <p>Business Services Missouri State University-West Plains 128 Garfield, West Plains, MO 65775 Phone: 417- 255-7260 Fax to: 417-255-7259 Website: www.wp.MissouriState.edu/BusinessServices</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------