

Instructions for Completing the Vendor Information Form

(this version should only be used in paper form)

U of I Department:

Complete the "UI Department Requesting Information" section online prior to printing and sending form to the vendor. Forms without this section completed will not be processed.

Vendor:

Step 1 -- Complete the form

Complete with your information (Start with Section 1 -Tax Information)

Sign and submit to the appropriate address below.

Step 2 -- Submit the Form

To help ensure the security of your tax identification information, return this form directly to:

Mail: Vendor Maintenance Section
Illini Plaza Bldg, Suite 210, MC-660
1817 S. Neil Street
Champaign, IL 61820

Fax: (217) 239-6850

You do not need to mail a hardcopy.

Documents must be signed and dated.

UI Department Requesting Information

Today's Date _____

U of I Department name _____

Contact Person _____

Phone Number _____ E-mail _____

Campus Chicago Springfield Urbana/Champaign

Transaction Purchase Order Invoice Voucher

Add to iBuy Yes No

New Vendor Update Existing Vendor

Types of Goods and Services Provided

Goods Services Attorney Royalties Medical

Other Please Describe: _____

Vendor Information Form

The Vendor Information Form is the University of Illinois substitute for the Federal W9 form and is considered a legal document. Forms must be completed and signed by the individual/entity in order to receive payment.

If you need help, e-mail us at uivendor@uillinois.edu or phone 217-333-6583.

Vendors please complete the information in steps 1 through 3:

Additional form information and explanations at end of the form.

Step 1 -- Tax information

Name of Individual or Business Name (if sole proprietor, please list name of owner and name of business.)

If completing form as an Individual, provide birth date: _____ Gender Male Female

Taxpayer Identification Number

Enter Social Security Number(SSN), Federal Employer ID Number(FEIN)or Individual Taxpayer Identification Number (ITIN) (if Applicable), associated with the above name _____

Is this business a disregarded entity for tax purposes? Yes No

Enter Social Security Number(SSN), Federal Employer ID Number(FEIN) or Individual Taxpayer Identification Number (ITIN) (if Applicable), used for federal tax reporting purposes _____

Parent Company Name (if different than above)

Please mark all boxes that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation/Incorporated (TC) | <input type="checkbox"/> Med Health Care Services Provider (TM) |
| <input type="checkbox"/> Sole Proprietor (TI) | <input type="checkbox"/> Corporation LLC (TL/TC) | <input type="checkbox"/> Real Estate Agent (TR) |
| <input type="checkbox"/> Sole Proprietor LLC (TL/TI) | <input type="checkbox"/> Government Entity (TG) | <input type="checkbox"/> Attorney (AT) |
| <input type="checkbox"/> Partnership (TP) | <input type="checkbox"/> Not-for-Profit Corporation (TN) | <input type="checkbox"/> Trust or Estate (TT) |
| <input type="checkbox"/> LLC Partnership (TL/TP) | <input type="checkbox"/> Tax Exempt Organization (TE) | |
| <input type="checkbox"/> S-Corp/Solely Owned Corporation (TC) | | |

Exempt payee code(s) (List all that apply separated by commas) _____

Exempt from FATCA Reporting code(s) (List all that apply separated by commas) _____

Individuals: Please check the appropriate classification.

- U.S. Citizen US Permanent Resident Resident Alien for Tax Purposes Non-Resident Alien
- Resident Aliens must provide a copy of their Permanent Resident Card when submitting this form.** **Non-Resident Aliens are not required to certify in Step 3, but must attach W-8BEN.**

Businesses: Please check the appropriate classification.

- U.S. Company Foreign Vendor with US Presence Foreign Vendor
- Foreign Vendors with US Presence are not required to certify in Step 3, but must attach W-8ECL.** **Foreign Vendors are not required to certify in Step 3, but must attach W-8BEN (sole proprietors) W-8BEN-E or W-8EXP as appropriate.**

Permanent Residence/Corporate Office Address

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Payment Address (if different from above)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Purchase Order Address (if different from above)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ E-mail _____

Types of Goods and Services Provided

- Goods Services Attorney Royalties Medical
- Other Please Describe: _____

Step 2 -- Type of Operation (optional, check all that apply)

Diverse Business

- American Indian or Alaska Native (CN) Asian American (CM) Black or African American (CA)
- Hispanic or Latino (CH) Native Hawaiian or Pacific Islander (CP)
- Female (CW) Disabled (CD) Sheltered Workshop (CR)

Certifying Organization - Provide letter(s) of certification from certifying agency when submitting this form

- Not Certified
- CMS - Illinois Department of Central Management Services Business Enterprise Program (C2)
- CMSDC - Chicago Minority Supplier Development Council (C3)*
- IDOT - (Illinois Department of Transportation (C4)*
- WBDC - Women's Business Development Center (C5)*
- Other (Please specify): _____

Small Business - check all that apply

Is your business considered a Small Business with the State of Illinois? (B2) Yes No

Is your business considered a small business with the Federal Government Small Business Administration (SBA) Yes No

Small disadvantage business (CE) Women-owned small business (CF) Veteran-owned small business (CG)

HUBZone small business (CZ) Service-disabled veteran-owned small business (CS)

Veteran Business - check all that apply

Veteran-owned small business/VOSB (CG)

Service-disabled veteran-owned small business/SDVOSB (CS)

Step 3 -- Certification and Signature

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number 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. person (including a U. S. resident alien).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with the University of Illinois is currently Subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U. S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following websites: [System for Award Management](#) and [State of Illinois Healthcare and Family Services Office of Inspector General](#). University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of this form.

Vendor Signature (This form is not considered valid unless signed and dated)

Signature of U.S. Person: _____

Date: _____

Printed Name: _____

Phone Number: _____

E-mail (optional): _____

Vendor Information Form Additional Instructions

The University is required by Federal Law to report such payments along with SSN/FEIN to Federal and State Agencies on forms required by law. The University will not disclose a recipient's SSN or FEIN without the consent of the recipient to anyone outside the University except as mandated by law. Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax withholding. If you do not provide us with information, you may be subject to a \$50 penalty imposed by IRS under section 6723. If you make a false settlement with no reasonable basis that results in no backup withholding, you are subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

W-9 Taxpayer Information

- * If you use a SSN, the IRS requires that you include the name of the individual whose SSN has been entered.
- * Non-profit organizations and government agencies should list your Taxpayer Identification Number as recorded with the IRS.
- * Sole Proprietors: Must enter your individual name (as shown on your Social Security card) on the Name of Individual or Business Name line as well as your business or "doing business as" name on the Business Name line. For the Taxpayer Identification Number, enter either your Social Security Number or the Federal Employer Identification Number of the business.
- * Business Name: Enter the name of the entity as it is listed with the IRS on the Form SS-4, Application for Employer Identification Number. This name should be consistent with the name used on your tax returns.
- * Foreign companies should complete the appropriate W8 and submit along with the Vendor Information Form to the Vendor Maintenance Department.
- * Foreign individuals should complete the W8BEN and return it directly to the University Department Contact listed at the top of this form.

Resident Alien

Resident Aliens must provide a copy of their Permanent Resident Card when submitting this form.

Non-Resident Alien

Non-Resident Aliens are not required to certify in Part 3, but must attach W-8BEN.

Foreign Vendors with US Presence

Foreign Vendors with US Presence are not required to certify in Part3, but must attach W-8ECI.

Foreign Vendors

Foreign Vendors are not required to certify in Part 3, but must attach W-8BEN, W-8BEN-E or W-8EXP as appropriate.

Links to Federal Tax forms

W-8ECI Instructions - <http://www.irs.gov/pub/irs-pdf/iw8eci.pdf>

W-8ECI Form - <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>

W-8BEN Instructions - <http://www.irs.gov/pub/irs-pdf/iw8ben.pdf>

W-8BEN Form - <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

W-8BEN-E Instructions - <http://www.irs.gov/pub/irs-pdf/iw8bene.pdf>

W-8BEN-E Form - <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>

W-8EXP Instructions - <http://www.irs.gov/pub/irs-pdf/iw8exp.pdf>

W-8EXP Form - <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>

Disregarded Entity - is a business entity that is separate from its owner but which elects to be disregarded from the business owner for federal tax purposes.

Diverse Business

You are considered a diverse business if you meet the following criteria:

- At least 51 percent owned and controlled by persons who are minority, female or persons with a disability.
- Must be a United States Citizen or Lawful Permanent Resident
- Average annual gross sales of less than \$75 million

Small Business

You are considered a small business if you meet the following criteria:

- An Illinois business
- Annual gross sales:
 - Retail/Service less than \$6 Million
 - Wholesale less than \$10 million
 - Construction less than \$10 Million
 - Manufacturing less than \$10 Million and less than 250 employees

Veteran Business

You are considered a veteran business if you meet the following criteria

- Home office must be located in Illinois
- Annual gross sales must be under \$75 million
- At least 51 percent owned and controlled by Veteran-owned small business (VOSB) or Service-disabled veteran-owned small business (SDVOSB) living in Illinois