

## TAXPAYER IDENTIFICATION NUMBER REQUEST

**Eastern Kentucky University requires a Federal Tax Identification number or Social Security number for all vendors or persons doing business with the University in order to comply with Federal Regulations and tax reporting requirements. Please take a few minutes to fill out this information and return to us to ensure prompt payment of your invoices. Thank you for the valuable service you have provided Eastern Kentucky University, and we look forward to a long and lasting relationship. IF SENDING A W-9, PLEASE RETURN THIS FORM ALSO.**

**For your convenience, you may return the information one of the following ways:**

**FAX: Attn: Ellen @ 859-622-2325**  
**E-Mail: [Ellen.Reeves@eku.edu](mailto:Ellen.Reeves@eku.edu)**  
**Capital Construction/Project Admin**  
**Phone: 859-622-4642**

**Mail: Purchasing Division**  
**Eastern Kentucky University**  
**521 Lancaster Avenue**  
**Commonwealth 1411**  
**Richmond, Kentucky 40475**  
**Phone # (859)622-1481**

**Please type or print legibly**

### VENDOR INFORMATION

Name of Firm * (Company or Individual)	Phone Number *	Make Checks Payable To *
Address *	Fax Number *	Payment Address *
Address	Web Site Address or E-mail	Payment Address
Address	Vendor Representative	Name on Invoice *
City *                      State *      Zip*	Federal Tax ID Number **	Social Security Number **
Willing to accept ACH payments *    Yes <input type="checkbox"/> No <input type="checkbox"/> Bank Routing # _____ Bank Account # _____	Willing to accept credit card payments* Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Terms *

\* **required fields**

\*\* **Federal Tax ID Number- This field *must* be completed if "Name of Firm" is a company name.**

**Social Security Number- This field *must* be completed if "Name of Firm" is an individual's name.**

#### **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. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholdings 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 Taxpayer Identification Number.

Signature of U.S. Person \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Type of Ownership (Check Appropriate Box(es)) *</b></p> <p><input type="checkbox"/> (01) Individual/Sole Proprietorship      <input type="checkbox"/> (05) Non-Resident Alien</p> <p><input type="checkbox"/> (02) Partnership                                      <input type="checkbox"/> (06) Exempt from backup withholding</p> <p><input type="checkbox"/> (03) Corporation-Incorporated in (State) _____      <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> (04) Non-profit/Education _____</p>	<p><b>Business Classification (Check Appropriate Box(es)) *</b></p> <p><input type="checkbox"/> (SM) Small Business                      <input type="checkbox"/> (GA) Government Agency</p> <p><input type="checkbox"/> (LG) Large Business                      <input type="checkbox"/> (NP) Non-Profit</p> <p><input type="checkbox"/> (CT) In County                              <input type="checkbox"/> (AL) Alumni Owned</p> <p><input type="checkbox"/> (MN) Minority Owned                      <input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> (WO) Women Owned _____</p>
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**Printed Name of Authorizing Official:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_