

University of Rhode Island
SUBSTITUTE W-9 FORM
PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

The IRS requires that you furnish your taxpayer identification number to us.
Failure to provide this information can result in a penalty by the IRS.

TAXPAYER IDENTIFICATION NUMBER (T.I.N.)

Enter your taxpayer identification number in the appropriate box.
For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

Name, as it appears on your income tax return: _____

DBA (if applicable): _____

Mailing Address: _____

Remit Address (if different): _____

Phone: _____ Fax: _____ Email: _____

FEDERAL TAX CLASSIFICATION: (choose one)

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/Estate

Limited Liability Company. Enter the tax classification (C = C Corporation S = S Corporation P = Partnership) _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) _____

BUSINESS DESIGNATION: (if applicable)

Medical Services Corporation

Legal Services Corporation

SUPPLIER TYPE:

Purchase Order Supplier

Employee

Student

Student/Employee

Other _____

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 FATCO 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.

By signing this form, you are in awareness of your information being stored in JAGGAER, a cloud-based e-procurement system used by the University of Rhode Island and that you have read and accepted JAGGAER's [Terms and Conditions](#).

PLEASE SIGN HERE:

SIGNATURE: _____ TITLE: _____ DATE: _____

GENERAL INSTRUCTIONS:

NAME: Be sure to enter your full and correct name as listed in the IRS file for you and or your business.

ADDRESS, PHONE, FAX & EMAIL: Enter your mailing business address and remittance address (if different from your mailing address).

If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

FEDERAL TAX CLASSIFICATION: Check the appropriate box.

BUSINESS DESIGNATION: Check the appropriate box for the type of business ownership.

CERTIFICATION: Sign the certification; enter your title, date.

This form can be emailed to vendorW9@etal.uri.edu or
mailed to URI Strategic Procurement, 210 Flagg Rd, Kingston, RI 02881

To set up direct deposit with the University of Rhode Island, please complete this form, enclose a copy of a voided check or savings deposit slip and email it to vendorw9@etal.uri.edu OR send by mail to URI – Office of Strategic Procurement, 210 Flagg Road, 1st Fl., Kingston, RI 02881. If you have questions call 401.874.4797.

Supplier/Company Information:

Supplier Name: _____

Supplier Address: _____

Tax ID No: _____

Primary Contact: _____

Phone Number: _____

Email for remit: _____

Banking Information:

Name & City of Receiving Bank: _____

Routing / Transit (ABA): _____

Account No: _____

Account Type:(select one) ☐ Checking ☐ Savings

URI Supplier Authorization:

We acknowledge the origination of ACH transactions to my (our) account comply with the provisions of US law. I (We) hereby authorize URI to initiate credit entries to my (our) account.

Name & Title: _____

Authorized Signature: _____ Date: _____
Original or Certificate Digital Signature only

Complete this form with original signature and date and provide a copy of a voided check or savings deposit and email it to vendorw9@etal.uri.edu OR send by mail to URI – Office of Strategic Procurement, 210 Flagg Road, 1st Fl., Kingston, RI 02881slip. If you have questions call 401.874.4797.

Accounts Payable Use Only

Supplier ID:	Entered On:	Entered By:	Verified by: