



**VENDOR MASTER FILE RECORD DATA FORM (Updated 3.12.2010)**

**IRS INFORMATION:**

In order to comply with Internal Revenue Service (IRS) regulations, we are required to obtain your Social Security Number (SSN) or Federal Tax Identification Number (TIN/EIN) to satisfy IRS Form 1099 reporting requirements. Failure to provide this information may subject all payments made to you to the 31% backup withholding as required by the IRS.

Enter your TIN in the appropriate box below. For individuals, this is your SSN. For sole proprietors you must show your individual name, but you may also enter your business or 'doing business as' name. You may use either your SSN or EIN. For partnerships you must show the name filed first on the partnership papers. For other entities, it is your EIN.

SOCIAL SECURITY NUMBER			EMPLOYER ID NUMBER	
<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>

**CONTACT INFORMATION:**

REMIT TO:			ORDER FROM:	SAME AS REMIT TO
Vendor Name:			Vendor Name:	
Contact Name:			Contact Name:	
Address 1:			Address 1:	
Address 2:			Address 2:	
City:	State:	Zip:	City:	State: Zip:
Phone:	Fax:		Phone:	Fax:
E-Mail:			E-Mail:	
Website:			Website:	

**TYPE OF BUSINESS:**

Individual/Sole Proprietor      Partnership      Corporation      Other

**HUB INFORMATION: (OWNERSHIP OF 51% OR GREATER BY THE FOLLOWING)**

Minority      Women      Disabled      N/A

**SIZE OF BUSINESS:**

Small (< 500 employees)      Large (> 500 employees)

**ELECTRONIC PAYMENT INFORMATION: (THIS IS THE METHOD OF PAYMENT PREFERRED BY THE UNIVERSITY) \*When submitting completed form, please attach an imaged voided check.**

Bank Name:

Routing #:

Account #:

Email for ACH remit advice:

**I CERTIFY THAT (1) I AM DULY AUTHORIZED TO COMPLETE THIS FORM; (2) THE LEGAL ORGANIZATION AND TAX IDENTIFICATION NUMBER SHOWN ON THIS FORM ARE CORRECT, AND (3) I AM NOT SUBJECT TO BACKUP WITHHOLDING. AN ORIGINAL SIGNATURE IS REQUIRED BY THE IRS.**

SIGNATURE

TITLE

DATE