

VENDOR INFORMATION FORM / SUBSTITUTE W-9 FORM
PAYEE / VENDOR INFORMATION:

NAME (As shown on your income tax return)*		BUSINESS NAME / DISREGARDED ENTITY NAME, if different than NAME	
MAILING ADDRESS		REMIT TO ADDRESS <input type="checkbox"/> Same as MAILING ADDRESS	
CITY, STATE & ZIP CODE		CITY, STATE & ZIP CODE	
COUNTRY/PROVINCE		COUNTRY/PROVINCE	
CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

FEDERAL TAX CLASSIFICATION: (check appropriate box) Individual/Sole Proprietor C Corporation S Corporation Partnership Trust/Estate
 Limited Liability Company. Enter the tax classification _____ (C = C corporation, S = S Corporation, P = Partnership)
 Other (See instructions on IRS website)

Exemptions (see W-9 instructions on IRS website): Exempt payee code (if any) _____ Exemption from FATCA Reporting code* (if any) _____

*These codes apply to persons submitting this form for accounts maintained outside of the US by certain foreign financial institutions. Therefore, if you are submitting this form for an account you hold in the US, you may leave the field blank.

SUBSTITUTE W-9 CERTIFICATION:

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "NAME" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3 of W-9. For other entities, it is your employer identification number (EIN).

Social Security Number: _____ -- _____ -- _____ Employer Identification Number: _____ -- _____ -- _____

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 (as defined in the instructions on the IRS website), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: 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 failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

SIGN HERE: _____ DATE: _____

ELECTRONIC PAYMENT INFORMATION:

BANK NAME	Preferred method: domestic payments <input type="checkbox"/> Credit card or <input type="checkbox"/> ACH international payments <input type="checkbox"/> Credit card or <input type="checkbox"/> Wire transfer
BANK ADDRESS	TYPE OF CURRENCY International Wire Only
BANK CITY, STATE, ZIP CODE	BANK COUNTRY/PROVINCE
BENEFICIARY NAME ON ACCOUNT	*EMAIL FOR REMITTANCE NOTIFICATION
ACCOUNT NUMBER Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	ROUTING/ABA

MINORITY BUSINESS INDICATOR: (Optional) Asian or Asian Pacific Islander Black Hispanic Native American or Alaskan Native
 Woman-Owned Business Disabled Other _____

VENDOR CLASSIFICATION DETERMINATION:

Questions to be answered by all Individual/Sole Proprietor vendors: <input type="checkbox"/> Y <input type="checkbox"/> N Are you a current DePaul University employee? <input type="checkbox"/> Y <input type="checkbox"/> N Have you previously been a DePaul Employee? If Yes, provide dates ___/___/____ - ___/___/____ <input type="checkbox"/> Y <input type="checkbox"/> N Are you aware of a Conflict of Interest, including, but not limited to relatives employed by DePaul? If Yes, provide detail and/or attach the name, department and relationship for employed relatives. <u>Please provide a brief description of the goods / services your business provides:</u>	Questions to be answered only by vendors providing services to DePaul: <input type="checkbox"/> Y <input type="checkbox"/> N Do you accept credit card payments? <input type="checkbox"/> Y <input type="checkbox"/> N Do you engage in entrepreneurial activities in your own established business at risk for loss? <input type="checkbox"/> Y <input type="checkbox"/> N Do you provide your own stationery, telephone, business forms, equipment and tools? <input type="checkbox"/> Y <input type="checkbox"/> N Do you determine the means or methods used in achieving desired results? <input type="checkbox"/> Y <input type="checkbox"/> N Do you arrange and pay for your own professional development? <input type="checkbox"/> Y <input type="checkbox"/> N Do you establish your own priorities on time, effort and hours of work? <input type="checkbox"/> Y <input type="checkbox"/> N Do you have your own insurance for work-related injuries?
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