



This form is to be completed by the vendor.

Questions? Call WWU Accounting Services at 360-650-6633 or contact the person who provided you this form.

Vendor Request



- ☒ **New Vendor**
 - ☐ Appropriate Form Attached
 - ☒ **W-9 Form (US entity)**
 - ☐ W-8BEN Form (Foreign Individuals)
 - ☐ W-8BEN-E Form (Foreign Entities)
 - ☐ W-8EXP Form (Foreign)
- ☐ Current Vendor - requesting to update vendor information

Vendor W-9 Form



[W-9 Form Instructions](#)

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Enter your legal name here

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1.
Check only **one** of the following seven boxes.

☒ **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)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any):

Exemption from FATCA reporting (if any):

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Enter address here

6 City, state, and ZIP code

Enter city state and ZIP here

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number: 123-45-6789

or

Employer identification number: -

Part II Certification

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 (defined below); and
- The FATCA 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.

Type your name here

02/23/2024

E-Signature of U.S. person

Date

WWU Contact: (who sent you this vendor create form link?)

Name: Margaret Gegenhuber

Department: Office of Field Experience

Email Address: gegenhm@wwu.edu

Vendor Information

Vendor Name (legal business name): Enter your name here

W#:

Doing Business As (DBA):

W#:

Federal Tax Id#: SNN here UBI# (WA State Business License): Click here to look up UBI#

E-procurement Vendor: ☐ Yes ☒ No**Purchase Order Information****Purchase/Service Order is to be sent to your email address:**

Email Address: enter your email address here

Mailing Address:

City:

State:

Postal Code:

Payment Options

Payment Options: Direct Deposit

OR

Send check/payment via US Mail

☐ Cancel Direct Deposit

You will be asked to submit bank information if you select this option

Attestation

I hereby attest that the above information is true and accurate to the best of my knowledge.

E-Signature: Type your name here

Title: Enter title

Date: 02/23/2024



E-mail: Enter your email

Phone: Enter phone

Accounts Payable Use Only

Comments to Vendor:

Signatures and Attachments**The submitter may optionally enter their email address below. Press SUBMIT to send it.**

Your Email Address: enter your email here

