



**University of Arizona**  
**FSO-Operations**  
**PO Box 3607**  
**Tucson, AZ 85722-3607**  
**(520) 621-9097**

**Form Substitute W-9      Federal Taxpayer Identification Number Request**

Date: \_\_\_\_\_ UAccess Financials # (if applicable) \_\_\_\_\_

Please return the completed form to the above address, or fax to 520-626-1243.

**Vendor Name and Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DUNS #** \_\_\_\_\_ **AZ Sales Tax # (if applicable)** \_\_\_\_\_

Please complete the following information if you are a U.S. person (including a resident alien). We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723. **If you are a foreign person, you need to complete a Form W-8. Please contact FSO Customer Service at 520-621-9097 or email at [accts\\_pay@arizona.edu](mailto:accts_pay@arizona.edu)**

**Instructions:** Complete **Part 1** by checking the federal tax classification types that correspond to your organization’s structure. Complete **Part 2** by filling in your Federal Tax Identification Number and the name of person or entity it belongs to. Complete **Part 3** - identify your organizations supplier diversity. Complete **Part 4** - sign, date, and return the form to the address listed above.

**Part 1:      Ownership Type - Check all that apply to your organization. *(You must check at least one.)***

- \_\_\_\_\_ Corporation (A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.)
- \_\_\_\_\_ Estate / Trust
- \_\_\_\_\_ Individual/ Sole Proprietor (A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.)
- \_\_\_\_\_ Non-Profit - Tax Exempt Charity under 501 (a and c), or IRA
- \_\_\_\_\_ Partnership/LLC/LLP (A partnership may have a "doing business as" trade name, but the legal name is the list of the names of the partners.)
- \_\_\_\_\_ A foreign government or any of its political subdivisions
- \_\_\_\_\_ Government - The United States or any of its agencies or instrumentalities
- \_\_\_\_\_ A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- \_\_\_\_\_ Real Estate Agent or Agency
- \_\_\_\_\_ Other (Please describe) \_\_\_\_\_

**Part 2:      Provide your Federal Tax Identification Number and the name of the person or entity whose TIN you enter.      The TIN must be for the payee shown above.**

\_\_\_\_\_  
 Individual, sole proprietor, or partnership’s legal name (name of first partner)      Social Security Number

\_\_\_\_\_  
 Name of business, trade, partnership, DBA, corporation, charity, or other entity      Employer Identification Number



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**Part 3: Supplier Diversity:**

*Does your business meet the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards (FAR 19.102)? Yes No*  
 If "YES", please "CHECK" one of the following:

- Non-Profit  Alaska Native Corp  AZ Small Disadvantaged Business  AZ Small Women-Owned Business
- AZ Small Disadvantaged Women-Owned  Big Business  Historically Black College/University
- Small Disabled Veteran-Owned Business  Foreign Business  Small HUB Zone  AZ Small Business
- Small Business or individual  Small Disadvantaged Business  Small Women-Owned Business  Small Veteran Owned
- Small Women-Owned Disadvantaged

Date of HUB ZONE/SDB vendors SBA certification \_\_\_\_\_.

**Part 4 Certification:** I certify under penalty of perjury:

1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding because (a) I am exempt from back up 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 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 (including a resident alien)
4. I certify that my Small Business definition is true and correct pursuant to Federal Acquisition (FAR) 52.219-1 and understand the penalties under 15 U.S.C. 645(d) "...any person who misrepresents a firm's status..."

Person completing this form: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

Remit Address for payment if different than above: \_\_\_\_\_  
 \_\_\_\_\_