

St. Lawrence University Substitute W-9 Form

Section 1	St. Lawrence University, Purchasing Office, 23 Romoda Drive, Canton, NY 13617 Fax (315) 229-5807	Information contained in this form will be used by St. Lawrence University to prepare information returns (FORM 1099), payment of invoices, and for withholding on payments, when applicable. Prompt and accurate completion of this form will prevent delays while processing your payment.		
Section 2 Name and Address	Name (as shown on Income tax return):	Phone:	Fax:	
	Business Name (If different from above):	Email:		
	Mailing Address:	Remit-to Address (if different):		
	City, State and Zip Code:	Remit-to City, State and Zip Code:		
Section 3 Taxpayer Identification Number (TIN) Choose One Type Only	<p>Please select your entity classification and enter your TIN in the appropriate section below. 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 instruction on page 3 of IRS Form W-9. For other entities, it is your employer identification number (EIN).</p> <p><input type="checkbox"/> Individual/sole proprietor or Single Member LLC <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> Limited Liability Company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership) _____</p> <p>Individual or Sole Proprietor – Social Security Number: _____ - _____ - _____</p> <p>Employer Identification Number: _____ - _____</p> <p>Note: Payment cannot be processed without one of the above TIN.</p>			
Section 4 Exemptions Only If Applicable	<p>Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3 of IRS Form W-9):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p>(Applies to accounts maintained outside the U.S.)</p>			
Section 5 Payment Terms	<input type="checkbox"/> Net 45 (Standard Term) <input type="checkbox"/> Supplier Pay (Ask for enrollment details) <input type="checkbox"/> Due on Receipt (Reimbursements, Speakers and Athletic Referees Only) <small>* All other requests must be approved by the Purchasing Department</small>			
Section 6 Small Business Information	<input type="checkbox"/> Minority Owner/Managed Business	<input type="checkbox"/> Certified Small Business: Certification No.:		
	<input type="checkbox"/> Woman Owned/Managed Business	<input type="checkbox"/> Certified Sustainable: Certification No.:		
	<input type="checkbox"/> Local Business	<input type="checkbox"/> Certified Disabled Veteran: Certification No.:		
	<input type="checkbox"/> SLU Related (Having any ties to SLU: Alumni, employee, spouse of employee, etc.) _____			
Section 7 Certification	<p>Under the penalties of perjury I certify that:</p> <ol style="list-style-type: none"> 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 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 (as defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Definition of a U.S. Person</p> <ul style="list-style-type: none"> • An individual who is a U.S. Citizen or U.S. resident alien, • A partnership, corporation, company or association created or organized in the United States or under the laws of the United States, and • A domestic trust (as defined in Regulations section 301.7701-7) <p>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.</p>			
Section 8 Certifying Signature	The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
	Authorized Vendor Representative's Name:		Title:	
	Signature:		Date:	Phone:
<p>FOR INTERNAL USE ONLY</p> <p>Department: _____ SLU Contact: _____</p> <p><input type="checkbox"/> Honorarium <input type="checkbox"/> New Vendor <input type="checkbox"/> Reimbursement <input type="checkbox"/> Performer/Speaker <input type="checkbox"/> Not For Profit <input type="checkbox"/> Game Officials</p> <p style="text-align: center;">**ensure all necessary contracts and certificates of insurance are included with new vendors where necessary**</p> <p>COLLEAGUE ID NUMBER: _____ Date: _____</p>				

Vendor Qualification Questions Form

This form should be completed by all suppliers and contractors. Vendors with long term relationships will need to complete this form at least every 5 years. Questions about this form should be directed to the Purchasing Department at purchasing@stlawu.edu.

Vendor _____ **Date** _____

SLU Initiator _____

1. Please identify all current and previous business relationships with the University and/or the other NY6 schools (Skidmore, Colgate, Hobart Williams-Smith, Hamilton, and Union).
2. Please identify if there are any affiliations between individuals in the governance and ownership structure (or any member of his or her immediate family) of your company or institution and St. Lawrence University? If so, please describe those relationships here. An affiliation includes being a member of our Board of Trustees or having an employment or consulting relationship, with the University. It is not necessary to report affiliations with enrolled students.
3. If required by the University, can the organization provide the University's standard insurance requirements? The requirements are available on the Business Office website <http://www.stlawu.edu/business/insurance-requirements>. If required, a certificate of insurance must be on file before a P.O is issued or contract signed. Depending on the scope of the project or service, Risk Management may have additional requirements.
4. St. Lawrence University utilizes an accounts payable solution to pay our suppliers with automated Visa card payments, in place of checks. The program is called Supplier Pay and those who enroll will have their payments expedited. Information about the program's benefits to our vendors can be found at <http://www.stlawu.edu/business/supplierpay-initiative>. The University's standard payment terms for vendors **not** enrolled in Supplier Pay is 45 days.

Does your company accept credit cards? Yes / No

Would you like to enroll in Supplier Pay? Yes / No

Vendor Representative Signature: _____ **Date:** _____

Vendor Representative Name: _____

Vendor Representative Title: _____