

Notary Public's Signature

Entity Payee Substitute W-9 Form

In order for this request to be processed, the form must be notarized prior to submittal.

Version 202, Revised 02/2018 Older versions are not valid.

| Request Type | | | | |
|--|---|-------------|--|--|
| SEC 1 | New Set Up Change Existing Information | | | |
| Payee Information | | | | |
| SECTION 2 | Is your company incorporated in the US? Yes No If "NO", please contact the Procurement & Strategic Sourcing Department at (512) 245-2521 or by email at vendorrequests@txstate.edu | | | |
| | Company/U.S. Entity Legal Name | | | |
| | DBA (if applicable) | | | |
| | Taxpayer ID# NIGP Commodity Code: | | | |
| | The state of the services your organization will provide to the onliversity. | | | |
| | | | | |
| Vendor Type – please select all that apply | | | | |
| SECTION 3 | C Corporation S Corporation Partnership Trust/Estate State Agency | | | |
| | Limited Liability Company: Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) | | | |
| | Other | | | |
| Vendor Information/Mailing Address (Please list the remit address as it appears on an invoice) | | | | |
| SECTION 4 | (Mailing Address:) Remit Address: | | | |
| | | | | |
| | City State Zip City State Zip | | | |
| | City State Zip City State Zip | | | |
| | Organization Contact Name Phone | | | |
| Payment Type | | | | |
| C 5 | Virtual Payment Card (Preferred Method) ACH (If selecting ACH Method, please also | Check | | |
| SEC | AMEX MasterCard complete the Direct Deposit Authorization Form) | | | |
| | Name Phone | | | |
| SECTION 6 | Engl | | | |
| SEC | Email Department Department | | | |
| Certification: Under Penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number. | | | | |
| 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. I am a U.S. citizen or other U.S. person. | | | | |
| 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 failed to report all interest and dividends on your tax return. For real estate transactions, item 2 above does not apply. | | | | |
| | | | | |
| Print Name: | | | | |
| Print Name; | | | | |
| State of County of | | | | |
| | s instrument was acknowledged before me on (date) by | | | |
| | (name of person acknowledging). | | | |



Instructions for Entity Payee Substitute W-9

This form is required by Texas State University to make payments to any vendor. As per the Internal Revenue Services (IRS) regulations, you are required to provide Texas State University with a valid Tax Identification Number (TIN). Proper TIN's include Social Security Number (SSN) or Federal Employer Identification Number (FEIN).

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you.

Section 1: Request Type

Select the appropriate request type.

Section 2: Payee Information

Enter your entity's Legal Name as found on your IRS documents and the corresponding Tax Identification Number. If operating as a DBA, enter the name in the DBA field, otherwise leave blank. Indicate the goods or services your business will be providing to the University in the designated area

Section 3: Vendor Type

Select which vendor type applies to your business. This information identifies how the vendor will be taxed per the IRS.

Section 4: Vendor Information/Mailing Address

Enter the vendor's mailing information. *Please provide the contact information for an executive at your organization. This individual should be a person who makes legal and/or financial decisions for your organization.* Enter your entity's address and remit to address (if applicable). If the mailing address and the remit to address are the same, complete the mailing address only. When completing the remit to address information, please ensure that it matches what the invoice will read to avoid delay in payment. An email address is required in order for this form to be processed.

Section 5: Payment Type

Select the type of payment you would prefer. Please note, if you select to receive payments via ACH, the Direct Deposit Authorization form must also be completed. To get information regarding the Virtual Payment Cards, please contact the Purchasing Department at purchasing@txstate.edu or (512) 245-2521.

Section 6: University Contact

Enter the person with Texas State University that you will be providing goods and/or services for. This person will be contacted once the Payee Substitute W-9 has been processed.

The form must be signed or it will be considered invalid. Texas State University requires the Payee Substitute W-9 to be notarized before a vendor will be created or changes will be made.

Please return completed form to Procurement & Strategic Sourcing by one of the following methods.

Mail:

Texas State University, Procurement & Strategic Sourcing 601 University Dr., JCK 527 San Marcos, TX 78666 Fax: 512.245.2393

Email: vendorrequests @txstate.edu

For questions, please contact our office at vendorrequests @txstate.edu.