

**Business Center North
Purchasing Department
Vendor Registration and Substitute W-9 form**



Mail or fax to:
Nevada System of Higher Education
 BCN Purchasing Department
 Mail Stop 0242
 Reno, Nevada 89557-2042
PHONE: 775-784-6552
FAX: 775-784-6017

1. NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business as (DBA)
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2. ADDRESS/CONTACT INFORMATION

Physical address of

Company Headquarters		Individual's Residence		Remittance Address		
Address		Address		Address		
Address		Address		Address		
City	State	Zip Code	City	State	Zip Code	
Primary Contact				Web Address		
Phone Number		Fax Number		E-mail Address		

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN).
For proprietorship, provide SSN or EIN, not both.

Individual (SSN) Sole Proprietorship (SSN or EIN) Partnership (EIN) Corporation (EIN) Government (EIN) Tax Exempt/Nonprofit (EIN)	Trust/estate (SSN or EIN) LLC tax classification Disregarded Entity Partnership Corporation	SSN Name associated with SSN: OTHER INFORMATION Check all that apply. Doctor or Medical Facility Attorney or Legal Facility	EIN Nevada Business License Number:
Exemptions (See instructions): Exempt payee code (if any)		Exemption form FATCA reporting code (if any)	

4. DISADVANTAGED BUSINESS ENTERPRISE DESIGNATION

Minority owned business Please specify ethnicity:	Small business enterprise	Disabled/veteran disabled owned business
Women owned business	Historically underutilized business zone	
If you checked any of the above, have you been certified? Yes No		
If yes, by which agency: Certificate Number:		

5. IS BUSINESS OWNED / OPERATED BY

A member of the Board of Regents of the Nevada System of Higher Education:	Yes	No
A Nevada System of Higher Education employee:	Yes	No
A member of a NSHE regent or employee's household:	Yes	No

6. IRS FORM W-9 CERTIFICATION AND SIGNATURE

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 by IRS Form W-9 rev August 2013), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Print Name & Title of Person Signing Form	Date
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Registration Instructions

General Instructions:

1. **The substitute IRS Form W-9 is for the use of United States entities only.** Detailed instructions can be found at www.irs.gov/pub/irs-pdf/fw9.pdf. Non-US entities must submit an IRS Form W-8.
2. Type or legibly print all information except for signature.
3. All sections are mandatory and require completion except section 4.

Specific Information:

1. NAME

- a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.
- b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.
- c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.

2. ADDRESS/CONTACT INFORMATION

- a. Physical address – *If the address is non-deliverable by the United States Postal Service, complete both Physical Address and Remittance address*
Company – Provide physical location of company headquarters.
Individual – Provide physical location of residence.
- b. Remittance address – Provide address and related information when appropriate.
- c. Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.
Telephone Number – Include area code.
Fax Number – Include area code.
E-mail – Provide complete e-mail address when available.

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

- a. Individual – A person that has no association with a business.
- b. Proprietorship – A business owned by one person.
- c. Partnership – A business with more than one owner and not a corporation.
- d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.
- e. LLC – Limited Liability Company. **Must mark appropriate classification – disregarded entity, partnership or corporation.**
- f. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.
- g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.
- h. Doctor or Medical Facility – Person or facility related to practice of medicine.
- i. Attorney or Legal Facility – Person or facility related to practice of law.
- j. Nevada Business License number – Current NV business license number which was issued by the NV Secretary of State.
- k. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS. **The IRS prefers a social security number for a proprietorship.**
- l. Exemptions - Provide exemptions codes. Detailed instructions can be found at www.irs.gov/pub/irs-pdf/fw9.pdf

4. DISADVANTAGED BUSINESS ENTERPRISE DESIGNATION

- a. MINORITY OWNED BUSINESS: An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of African American, Hispanic American, Asian Pacific American or Native American Ethnicity.
- b. WOMEN OWNED BUSINESS: An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- c. DISABLED/VETERAN DISABLED OWNED BUSINESS: An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled and or veteran disabled individuals pursuant to the American with Disabilities Act or who have served in the active military and discharged under conditions other than dishonorable.
- d. SMALL BUSINESS ENTERPRISE: An independent business which performs a commercially useful function is not owned and controlled by individuals designated as minority, woman, veteran or physically challenged and where gross sales do not exceed \$2,000,000.
- e. HISTORICALLY UNDERUTILIZED BUSINESS ZONE: An independent business which qualifies for the HUB Zone Empowerment Contracting Program provides federal contracting opportunities for qualified small businesses located in distressed areas

5. IS BUSINESS OWNED / OPERATED BY

- a. NSHE institutions are: NSHE System Office, CSN, DRI, GBC, NSC, SCS, TMCC, UNLV, UNR, WNC

6. IRS FORM W-9 CERTIFICATION AND SIGNATURE

- a. The Certification is copied from IRS Form W-9 (rev. August 2013). See IRS Form W-9 for further information.
- b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
- c. Print the name and title, when applicable, of the person signing the form.
- d. Enter the date the form was signed. Forms over three years old will not be processed.