

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

Form Substi	tute W-9	Federal Taxpayer Identification Num	nber Request
Date:		UAccess Financials # (if applicable)	
Please return the	e completed form	n to the above address, or fax to 520-626-1243.	
Vendor Name	and Address:		
DUNS #		AZ Sales Tax # (if applicable)
when making a repo	ortable payment to g. Also, if you do r If you are a fore	ation if you are a U.S. person (including a resident alien). We are you. If you do not provide us with this information, your payment provide us with this information, you may be subject to a \$5 cign person, you need to complete a Form W-8. Please contributions.	ents may be subject to 28% federal income tax 50 penalty imposed by the Internal Revenue Service
Instructions:	by filling in you	1 by checking the federal tax classification types that corresponder Federal Tax Identification Number and the name of person of supplier diversity. Complete Part 4 - sign, date, and return the	entity it belongs to. Complete Part 3 - identify your
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 you you enter.	r Federal Tax Identification Number and the na The TIN must be for the payee shown above.	
Individual, sole	proprietor, or p	partnership's legal name (name of first partner)	Social Security Number
Name of busine	ss, trade, partne	ership, DBA, corporation, charity, or other entity	Employer Identification Number

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Part 3: Supplier Diversity:

Does your business meet th If "YES", please "CHECK		ness definition (FAR 19.001) and size standards (FAR 19.102)? Yes No
[] AZ Small Disadvantage [] Small Disabled Vetera	ed Women-Owned [] Big Bust n-Owned Business [] Foreign vidual [] Small Disadvantage	advantaged Business [] AZ Small Women-Owned Business siness [] Historically Black College/University Business [] Small HUB Zone [] AZ Small Business Ed Business [] Small Women-Owned Business [] Small Veteran Owned
Date of HUB ZONE/SDB	vendors SBA certification	
Part 4 Certi	fication: I certify under per	nalty of perjury:
2. I am not subject to bac by the Internal Revenue dividends, or (c) the IRS 3. I am a U.S. citizen or 4. I certify that my Small F	Service (IRS) that I am subject has notified me that I am notother U.S. person (including a	I am exempt from back up withholding, or (b) I have not been notified ct to backup withholding as a result of failure to report all interest or longer subject to backup withholding, and a resident alien) orrect pursuant to Federal Acquisition (FAR) 52.219-1 and understand the
Person completing this fo	orm: (Please print)	
Signature:		Date:
Phone:	()	FAX:
Email address (if applica	ble):	
Remit Address for payme	nt if different than above:	

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