

Substitute W-9 & Supplier Information Form

Payees who do not wish to complete this form in its entirety may elect not to do business with UCSF

SUPPLIER INFORMATION				
1	NAME (as registered with the IRS)			
	TRADE NAME/DBA			
	PRIMARY ADDRESS (number, street, and apt or suite no)		REMITTANCE ADDRESS (number, street, and apt or suite no)	
	CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
	PHONE	FAX	EMAIL	
	TAX CLASSIFICATION (check only one) ☐ INDIVIDUAL/SOLE PROPRIETOR ☐ C CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ TRUST/ESTATE ☐ LLC – Tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ ☐ OTHER _____			
TAXPAYER IDENTIFICATION NUMBER (TIN)		DUN & BRADSTREET NUMBER (DUNS)		
SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER				
ORDERING				
2	PO FAX		PO E-MAIL	
	BUSINESS DIVERSITY			
3	BUSINESS SIZE ☐ LARGE ☐ SMALL	OWNER GENDER ☐ FEMALE ☐ MALE ☐ OTHER	NAICS CODES 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	OWNERSHIP ETHNICITY ☐ AFRICAN AMERICAN ☐ CAUCASIAN ☐ ASIAN AMERICAN ☐ HISPANIC AMERICAN ☐ ASIAN PACIFIC AMERICAN ☐ NATIVE AMERICAN ☐ ASIAN SUBCONTINENT AMERICAN ☐ UNAVAILABLE
	REPRESENTATION (check all that apply) ☐ SDB (Small Disadvantaged Business) ☐ CCR/PRO-Net Listed ☐ SDVBE (Service Disabled Veteran Owned Business) SDB Exit Date ____/____/____ ☐ DBE (Disadvantaged Business Enterprise) ☐ SBA8(a) program participant ☐ WBE (Woman Owned Business) ☐ MBE (Minority Owned Business Enterprise) ☐ Hub Zone (Historically Underutilized Business Zone) ☐ WBENC Certified ☐ NMSDC Certified			
	ADDITIONAL CERTIFICATION SOURCES		CERTIFICATION NUMBER	CERTIFICATION END DATE
	1. _____		_____	_____
2. _____		_____	_____	
3. _____		_____	_____	
CERTIFICATION				
4	Under penalties of perjury, I certify that: (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 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 (3) I am a U.S. citizen or other person (defined in the 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 of underreporting interest or dividends on your tax return.			
	The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.			
	SIGNATURE		DATE	
	SIGNER'S PRINTED NAME		TITLE	

Guide to Completing the Substitute W-9 and Supplier Information Form

WHO COMPLETES THE SUBSTITUTE W-9 AND SUPPLIER INFORMATION FORM?

- The vendor or authorized vendor representative completes and signs the substitute W-9 and Supplier Information form.

WHO SENDS THE FORM TO VENDOR RELATIONS?

- The vendor or authorized vendor representative sends the completed form to Vendor Relations.
- If the form is sent to the UCSF department, staff should forward the form to Vendor Relations.

WHERE THE FORM SHOULD BE SENT?

- Only the completed form should be sent to the Controller's Office-Vendor Relations, using any one (1) of the following options:

Email (preferred method): vendors@ucsf.edu

Fax: 415-920-2504

Mail: UCSF Controller's Office

c/o Vendor Relations

Box 0812

San Francisco, CA 94143-0812

SUPPLIER INFORMATION

- **NAME** – name used in IRS tax reporting and must correspond to the social security number or employer identification number
- **TRADE NAME/DBA** – name of the company, if different from legal name
- **PRIMARY ADDRESS** – primary business location
- **REMITTANCE ADDRESS** – address where payments are sent, if different from primary address
- **TAX CLASSIFICATION** – select the applicable tax classification; check only one (1) type
- **TAXPAYER IDENTIFICATION NUMBER** – provide the social security number or employer identification number
- **DUN & BRADSTREET NUMBER** – provide the unique 9 digit identification number assigned to your business

ORDERING

- **PO FAX** – fax number to receive the UCSF purchase order
- **PO EMAIL** – email address to receive the UCSF purchase order

BUSINESS DIVERSITY

- **BUSINESS SIZE, OWNER GENDER, OWNERSHIP ETHNICITY** – select the appropriate classification
- **NAICS CODES** – enter applicable codes
- **REPRESENTATION** – select all that apply; refer to separate page for definitions

CERTIFICATION

- Vendor or authorized payee representative must sign the Certification.

Substitute W-9 Form Disclosures

PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and certain other income paid to you; mortgage interest you paid, the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, or Archer MSA or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See IRS Form W-9, Request for Taxpayer Identification and Certification.

Supplier Information Definitions

- **Service Disabled Veteran** - a veteran of the military, naval, or air service of the United States with a service connected disability who is a resident of the State of California. To qualify as a veteran with a service connected disability, the person must be currently declared by the United States Veterans Administration to be 10 percent (10%) or more disabled as a result of service in the armed forces. See note under Service Disabled Veteran Business Enterprise (SDVBE).
- **Service Disabled Veteran Business Enterprise (SDVBE)** - a business that is at least fifty-one percent (51%) owned by one or more service disabled veterans or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals; and whose management and daily business operations are controlled by one or more of such individuals. **Note: CERTIFICATION FROM THE STATE OF CALIFORNIA DEPT. OF GENERAL SERVICES (DGS) IS STRONGLY RECOMMENDED.**
- **Disadvantaged Business Enterprise (DBE)** - a business concern which is at least fifty-one percent (51%) owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals.
- **Small Disadvantaged Business (SDB)** - SDB certification strictly pertains to benefits in Federal procurement. The U.S. Small Business Administration certifies SDBs to make them eligible for special bidding benefits. Evaluation credits available to prime contractors boost subcontracting opportunities for SDBs. The SBA certifies small businesses that meet specific social, economic, ownership, and control eligibility criteria. Once certified, the firm is added to an on-line registry of SDB-certified firms maintained in The Central Contractor Registry/PRO-Net (CCR/ PRO-Net). Certified firms remain on the list for three years. Contracting officers and large business prime contractors may search this on-line registry for potential suppliers. **Note: CERTIFICATION FROM THE FEDERAL SMALL BUSINESS ADMINISTRATION (SBA) IS REQUIRED. IT IS ALSO REQUIRED IF INCLUDED IN FEDERAL AGENCY AWARD FUNDING (i.e. NIH; CDC; etc.)**
- **Small Business Enterprise (SBE)** - an independently owned and operated concern; certified or certifiable as a small business by the Federal Small Business Administration (SBA). (A general rule of thumb is that a concern with not more than 500 employees may be considered small business. Size standards by Standard Industrial Classification codes may be found in the Federal Acquisition Regulations, Section 19.102. The University may rely on written representation by the vendors regarding their status.)
- **Women Owned Business Enterprise (WBE)** - a business that is at least fifty-one percent (51%) owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management. **Note: CERTIFICATION FROM THE WOMENS BUSINESS ENTERPRISE NATIONAL COUNCIL (WBENC) IS STRONGLY RECOMMENDED.**
- **Minority Owned Business Enterprise (MBE)** - A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members. "Minority group members" are United States citizens who are Asian, Black, Hispanic and Native American. Ownership by minority individuals means the business is at least 51% owned by such individuals or, in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Further, the management and daily operations are controlled by those minority group members. **Note: CERTIFICATION FROM THE NATIONAL MINORITY SUPPLIER DEVELOPMENT COUNCIL (NMSDC) IS STRONGLY RECOMMENDED.**
- **8(a) Program** - The SBA's 8(a) Program, named for a section of the Small Business Act, is a business development program created to help small disadvantaged businesses compete in the American economy and access the federal procurement market. The 8(a) Program offers a broad scope of assistance to socially and economically disadvantaged firms. Contacting the local SBA district office serving your area is the first step. An SBA representative will answer general questions over the telephone. Some district offices may also have 8(a) orientation workshops to provide additional information regarding the eligibility requirements and to review various SBA forms.
- **HUB Zone** - SBA's HUB Zone program is in line with the efforts to promote economic development and employment growth in distressed areas by providing access to more Federal contracting opportunities. To be eligible for the program, a concern must meet all of the following criteria: it must be a small business by SBA standards; it must be located in a "historically underutilized business zone (HUB Zone); it must be wholly owned and controlled by person(s) who are U.S. Citizens; at least 35% of its employees must reside in a HUB Zone. Existing businesses that choose to move to qualified areas are eligible. To fulfill the requirement that 35% of a HUB Zone firms employees reside in the HUB Zone, employees must live in a primary residence within that area for at least 180 days or be a currently registered voter in that area.



University of California
San Francisco

ACH Enrollment Form

Vendor Payment Electronic Funds Transfer Authorization

☐ New Request
(Not available to individuals)

☐ Account Change

☐ Cancel

PAYEE/COMPANY INFORMATION		
Name		
Address		
City	State	Zip
Contact Name	Contact Telephone Number	
Business Email Address (To Send Payment Details)		

FINANCIAL INSTITUTION INFORMATION (MUST BE A BUSINESS ACCOUNT)		
Depository Institution Name		
Address		
City	State	Zip
Transit Routing Number (ABA) (9 Digits)	Account Number	
Account Type	☐ Checking ☐ Savings	ACH Format: CCD

IMPORTANT NOTE: The person signing the Authorization must be a designated officer from the Finance Department and a person other than the contact listed above.

AUTHORIZATION	
I hereby authorize the University of California San Francisco (UCSF) to initiate electronic transfer of funds to the account stated above using the National Automated Clearing House (NACHA) Cash Concentration or Disbursement (CCD) for settlement of invoices. If funds to which I, or the company I represent, am not entitled to be deposited in the account stated above, I authorize the University to initiate a correcting (debit) entry. This authorization will remain in effect until UCSF receives written notification of its termination. I understand payment details will be sent to the business email address provided above.	
Signature	Date
Print Name	Title

***** PLEASE ATTACH A VOIDED CHECK TO CONFIRM ACCOUNT INFORMATION *****

SUBMIT FORM AND VOIDED CHECK TO		
MAIL: UCSF CONTROLLER'S OFFICE C/O Vendor Relations Box 0812 San Francisco, CA 94143-0812	FAX: (415) 920-2504 Attn: Vendor Relations	EMAIL: vendors@ucsf.edu PHONE: (415) 476-2126