

Foreign persons who are non-residents for US Tax purposes do not complete the ASU Substitute W-9 form. Instead, complete IRS Form W-8 BEN available at <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

<b>► Taxpayer Identification Number (TIN)</b>		<input type="checkbox"/> Employer ID Number (EIN)	
		<input type="checkbox"/> Social Security Number (SSN)	

<b>► LEGAL NAME:</b> <small>(must match TIN above)</small>	
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Are you doing business in Arizona for purposes of sales/use tax collection and remittance?  Yes  No

If "Yes" please provide Arizona License # \_\_\_\_\_ and sales/use tax rate charged \_\_\_\_\_ % DUNS# \_\_\_\_\_

<b>► LEGAL MAILING ADDRESS:</b>	<small>(Where tax information and general correspondence is to be sent)</small>			
<b>DBA/Branch/Location:</b>				
<b>ADDRESS:</b>				
<b>ADDRESS LINE 2:</b>				
<b>CITY:</b>		<b>ST:</b>		<b>ZIP:</b>

<b>► REMIT TO ADDRESS:</b>	<input type="checkbox"/> Same as Legal Mailing Address			
<b>DBA/Branch/Location:</b>				
<b>ADDRESS:</b>				
<b>ADDRESS LINE 2:</b>				
<b>CITY:</b>		<b>ST:</b>		<b>ZIP:</b>

<b>► ENTITY TYPE</b>				
<input type="checkbox"/> Individual (not a business)	<input type="checkbox"/> Sole proprietor (individually owned business) or sole proprietor organized as LLC or PLLC	<input type="checkbox"/> Corporation (NOT providing health care, medical or legal services)	<input type="checkbox"/> Corporation (providing health care, medical or legal services)	<input type="checkbox"/> Partnership, LLP or partnership organized as LLC or PLLC
<input type="checkbox"/> The US or any of its political subdivisions or instrumentalities	<input type="checkbox"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities	<input type="checkbox"/> Tax-exempt organizations under IRC §501	<input type="checkbox"/> An international organization or any of its agencies or instrumentalities	<input type="checkbox"/> State of Arizona Employee

**► CERTIFICATION**

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),
- 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 I am no longer subject to backup withholding,
- I am a U.S. person (including a resident alien).

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.

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

Signature of U.S. Individual	Date:
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RETURN TO ASU	<b>ARIZONA STATE UNIVERSITY</b> SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM				DO NOT SEND TO IRS
▶ Legal Name:			TIN:		
<b>BUSINESS CLASSIFICATION:</b>	For Profit <input type="checkbox"/> Retailer <input type="checkbox"/>	Manufacture <input type="checkbox"/> Wholesaler <input type="checkbox"/>	Professional <input type="checkbox"/> Non-Profit <input type="checkbox"/>	Contractor <input type="checkbox"/> Distributor <input type="checkbox"/>	Service Firm <input type="checkbox"/>
<b>FEDERAL SUPPLIER TYPE:</b>	Does your business meet the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards FAR 19.102)? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	<b>Please check ONE box which applies to your business:</b>				
	Large Business (LB) <input type="checkbox"/>	Service Disabled Veteran Owned (VD) <input type="checkbox"/>		Veteran Owned (VO) <input type="checkbox"/>	
	Small Disadvantaged (SD) <input type="checkbox"/>	HUB Zone (HZ) <input type="checkbox"/>	Minority Institution (MI) <input type="checkbox"/>	Women Owned (WO) <input type="checkbox"/>	
Non Profit (NP) <input type="checkbox"/>		Exempt (EX) <input type="checkbox"/>		Foreign (FN) <input type="checkbox"/>	
<b>If you are certified by a recognized entity please describe:</b>					
<b>If you are self-certified by any recognized entity please describe:</b>					
<b>Are you self-certified according to this definition?</b> "100 full-time employees or less OR \$4 million in volume or less in the last fiscal year"				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Per FAR 52.219-1 and under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall be punished by imposition of fine, imprisonment, or both; be subject to administrative remedies, including suspension and debarment; and be ineligible for participation in programs conducted under the authority of the Act.					
Print Name:					
Signature:					
<b>PHONE:</b>			<b>FAX:</b>		
<b>VENDOR – LIST PRODUCT or SERVICE PROVIDED</b>					
<b>IF BUYER NAME IS LISTED PLEASE RETURN TO BUYER</b>	Buyer:	Phone:		Fax:	