

## **BRANDEIS UNIVERSITY**

## W-9 / VENDOR CERTIFICATION FORM

## REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

Procurement Services, 415 South St. MS 048 Waltham, MA 02453 (781) 736-4500; (781) 736-4503

GENERAL INFORMATION		
LEGAL NAME		
IF DIFFERENT FROM ABOVE, NAME YOU ARE "DOING BUSINESS AS"		
CHOVED CHECKS DE MADE DAVADLE TO CO		
SHOULD CHECKS BE MADE PAYABLE TO (please check one):  DBA NAME OR LEGAL NAME  TAXPAYER IDENTIFICATION NUMBER		
PLEASE ENTER YOUR TIN IN THE APPROPRIATE BOX. (FOR INDIVIDUALS, THIS IS YOUR SOCIAL SECURITY NUMBER)		
SOCIAL SECURITY NUMBER		EMPLOYER IDENTIFICATION NUMBER
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DUNS NUMBER:		
<ol> <li>Under penalties of perjury, I certify that:         <ol> <li>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</li> <li>I am not subject to 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</li> <li>I am a US person (including a US resident alien).</li> </ol> </li> <li>I have not been debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.</li> </ol>		
Signature: Date:		
Print Name:		Title:
PLEASE CHECK APPROPRIATE BOX:  ☐ INDIVIDUAL/SOLE PROPRIETOR ☐ PARTNERSHIP	☐ CORPORATION ☐ OTHER ——	BRANDEIS UNIVERSITY PAYMENT TERMS ARE NET 30, PLEASE LIST IF YOU OFFER DISCOUNT TERMS  DISCOUNT PAYMENT TERMS:
ADDRESS		
ORDER FROM		REMIT TO
CITY STATE	ZIPCODE	CITY STATE ZIPCODE
PHONE # ( )		FAX # ( )
EMAIL WHERE PURCHASE ORDERS SHOULD BE SENT		
SPECIAL CLASSIFICATION		
PLEASE CHECK APPROPRIATE BOX(ES), IF APPLICABLE		
MINORITY OWNED SMALL BUSINESS WOMAN OWNED		