



BRANDEIS UNIVERSITY
W-9 / VENDOR CERTIFICATION FORM
PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION
 Accounts Payable, 415 South Street MS 1110 • Waltham, MA 02454
 Accounts Payable Fax (781) 736- 4481

GENERAL INFORMATION

LEGAL NAME _____

IF DIFFERENT FROM ABOVE, NAME YOU ARE "DOING BUSINESS AS" _____

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

- - OR -

DUNS NUMBER:

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 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 US person (including a US resident alien).
4. 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.

Signature: _____

Date: _____

Print Name: _____

Title: _____

PLEASE CHECK APPROPRIATE BOX:

- INDIVIDUAL/SOLE PROPRIETOR CORPORATION
 PARTNERSHIP 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 # () _____

Toll Free # ()

SPECIAL CLASSIFICATION

PLEASE CHECK APPROPRIATE BOX(ES), IF APPLICABLE

- MINORITY OWNED SMALL BUSINESS WOMAN OWNED