



W9 Request for Taxpayer Identification Number and Certification

Section A: Vendor Information *(required)*

Vendor Name/Legal Name
(Business or Individual)

Doing Business As *(if different from above)*

Check if non-resident alien* Home Country

**Do not complete Section D if a non-resident alien or foreign vendor. A W-8BEN or W-8BEN-E is required in place of this section for all foreign vendors.*

Physical/Mailing Address

Remittance Address *(address for payment remittance)*

Street

Street

City

City

State

Zip Code

State

Zip Code

Individual or Business
Phone Number

Toll-Free Number
(if different)

Section B: W9 Request for Taxpayer Identification Number *(required if US Citizen/Entity*)*

Employer Identification Number (EIN)
or
Social Security Number (SSN)

**If you are not a US Citizen or US Entity and do not have an EIN or SSN, please skip this section and continue to Section C.*

Section C: Type of Purchase and Vendor *(required)*

Type of Purchase Materials/goods Services Combination of goods and services Medical/legal Other

Type of Vendor *(select one only)*

Individual/Sole Proprietor or
Single-Member LLC*

LLC taxed as Corporation

Federal Agency

Partnership**

LLC taxed as S Corporation

Foreign Business/
Individual

S Corporation

LLC taxed as Partnership**

Trust/Estate

C Corporation

State Agency

Non-Profit

Other

Exemptions (see instructions on Page 4, Section C):
Exempt payee code (if any):
Exemption from FATCA reporting code (if any):

If TX Corp, TX Ltd Partnership, TX Prof. Assn., or TX Prof. Corp., enter charter file number

Additional Information *(required for Individual/Sole Proprietors*, Single-Member LLCs*, Partnerships**, or LLCs Taxed as a Partnership**)*

*If you selected *Individual/Sole Proprietor* or *Single-Member LLC* above, please provide the individual's name and Social Security Number (SSN):

Individual's Name

SSN

**If you selected *Partnership* or *LLC Taxed as Partnership* above, please provide the partners' names and Social Security Numbers (SSN). If the partner is a business, use the Employee Identification Number (EIN):

Partner's Name

SSN/EIN

Partner's Name

SSN/EIN

Section D: W-9 Request for Certification (required if U.S. Person/Entity*)

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 notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Further Instructions: You must cross out item 2 in the above paragraph 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions for Part II of the IRS W-9 Form.

Signature of U.S. Person (required)

Date

Printed Name

*Section D is not required for non-resident aliens or foreign vendors. A W-8BEN (for individuals) or W-8BEN-E (for entities) is required in place of this section. These forms are available upon request.

Section E: Purchase Order Setup (required)

Please check your preferred method of receiving purchase orders (select one only)

E-Mail

Fax

E-Mail (if preferred)

Fax Number (if preferred)

Section F: Historically Underutilized Business (HUB)/Federal Business Special Classifications

Federal Business Classifications

Certified by SBA as small disadvantaged business

Veteran owned small business

Certified by SBA as a HUBZone small business

Large business enterprise

Woman owned small business

Not-for-profit

Minority owned small business (other than woman)"

Other

Texas HUB Classification

Texas Certified HUB

Under 15 U.S.C. § 645(d), any person who misrepresents its size status shall (1) be punished by fine, imprisonment, or both; (2) be subject to administrative remedies; (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

HUB Type

HUB Number

Section G: Payment Information

Please choose one of the following options for receiving payment and complete the required sections for that payment option:

SUA (Single Use Account virtual credit card): Payment term is net 5. Complete Section I.

ACH (direct deposit): Payment term is net 15. Complete Sections H, J, K, and L.

Paper Check: Payment term is net 30. No further sections are required.

Section H: International Payments Verification (required)

Will these payments be forwarded to a financial institution outside the United States?

Yes*

No

* If "YES", also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227) If "NO", continue to Section J.

Section I: SUA Payment Option

SUA Contact Name

SUA Contact Phone Number

SUA Payment Notification E-Mail*

*An email address is required for the SUA payment notification. We recommend a central email address, such as accountsreceivable@vendormname.com

I declare that I have examined the SUA information above and to the best of my knowledge and belief it is true, correct, and complete. Note: All payments will be made in compliance with State of Texas Laws.

Signature for SUA Approval

Date

Printed Name

Section J: Direct Deposit Payment Option (for US institutions only)

Financial Institution Name

Routing Number

Account Type

Checking

Savings

Account Number

The diagram shows a check with three fields highlighted: 'Routing Number' (0000000000), 'Account Number' (0000000000*), and 'Check' (355). The check number is 355.

Section K: Authorization for Direct Deposit and Advance Payment Notification Setup for Texas Tech University Health Sciences Center El Paso (required for direct deposit)

I hereby authorize TTUHSC El Paso to deposit by electronic transfer, payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. TTUHSC El Paso shall deposit the payments in the financial institution and account designated above. I recognize if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and TTUHSC El Paso's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.

Authorized Signature (required)

Date

Printed Name

Remittance E-Mail

By providing an E-Mail address, I authorize notifications of payment(s) posting to my account. I understand that notifications may include payment information that is considered confidential and therefore exempt from public disclosure.

Section L: Authorization for Direct Deposit for The Texas Comptroller of Public Accounts on behalf of Texas Tech University Health Sciences Center El Paso (required for direct deposit).

I authorize the Texas Comptroller of Public Accounts to electronically deposit my payments from the state of Texas to my financial institution. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

To sign up for Advance Payment Notification (APN) you can go to <https://fm.x.cpa.texas.gov/fmx/payment/resources/search.php>

Authorized Signature (required)

Date

Printed Name

Section M: Existing Account Information (Changes Only) Insert the banking information currently on file for verification purposes.

Routing Number

Account Type

Account Number

Checking

Savings

Instructions for Preparing the Vendor Setup Form

Section A - Vendor Information: Provide the vendor's basic information so that it may be entered into the vendor system. Please note that the Vendor name and Tax ID are required information items. Remit To: provide an alternate address for remittance of payments.

Foreign Vendor Confirmation: Vendor shall confirm if they are a foreign vendor and their home country if applicable. (Note: Additional tax documents may be required if vendor has a foreign status. E-mail: vendorteamelp@ttuhsc.edu for questions.)

Section B - W-9 Request for Taxpayer Identification Number: Provide the IRS-registered taxpayer identification number. This number will either be an EIN (Employer Identification Number) for business entities or a SSN (Social Security Number) for individuals.

Section C - Type of Purchase: Vendor shall identify if they provide tangible goods, services, a combination of both, or medical/legal services.

Type of Vendor: Vendor shall identify which one of the following vendor classifications they qualify as: individual/sole proprietorship or single-member LLC, partnership, C corporation (provide the corporate charter number, if applicable), S Corporation, LLC taxed as corporation, LLC taxed as S corporation, LLC taxed as a partnership, non-profit (501 C), state agency, federal agency, or foreign business/individual. If the vendor is an individual/sole proprietor or single-member LLC, provide the name and social security number of the individual/owner. In the case of a partnership, provide the partners' names and social security numbers.

Exemptions: Vendors that are exempt from backup withholding and/or FATCA reporting, must enter in the Exemptions box any code(s) that may apply. *See the Exempt payee code and exemption from FATCA reporting code on page 3 of the IRS W-9 Form.*

Section D - W-9 Request for Certification: Provide the taxpayer information as required for initial vendor set up. This section of the form will have to contain either a physical signature or adobe certified e-signature to conduct business with the University. This section should not be filled out if non-resident alien or foreign vendor.

Section E - Purchase Order Setup: Include the E-Mail or fax number to which the vendor would prefer purchase orders be sent. As a reminder, the University requires a purchase order or a credit card for any purchase made by a University employee.

Section F - Historically Underutilized Business (HUB)/Federal Business Special Classifications: Identify any special classifications that the vendor holds. Please identify all federal classifications (more than one classification may apply). If the vendor is qualified as a State of Texas Historically Underutilized Business (HUB), please provide the HUB number.

Section G - Payment Information: The vendor shall choose whether to receive payment via SUA (Single Use Account virtual credit card), ACH (direct deposit), or paper check. Payments can be sent via check to domestic vendors, but this is not a preferred payment method. If the SUA payment method is chosen, the vendor only needs to complete Section I. If the ACH method is chosen, the vendor can skip Section I and only complete sections J, K, and L. If paper check is chosen, no further sections are required.

Section H - International Payments Verification: Payment Destination: Select YES or NO to indicate if state payments will be forwarded to a financial institution outside the U.S. Note: If yes, the payee must also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227). A Wire Transfer Form may be required if it is determined from Form 74-227 that 100% of the funds will be sent outside the U.S. Contact vendorteamelp@ttuhsc.edu to request the Wire Transfer Form.

Section I - SUA (Single Use Account) Payment Option: This is a virtual credit card payment method that is operated by the university's chosen financial institution, currently JP Morgan. Payment term is net 5. Upon agreeing to accept SUA payments, you will be provided the first seven digits of the SUA account number. These numbers are static and located in the SUA certified JP Morgan confirmation follow-up email. When payment is issued, a certified JP Morgan email will be sent to the confirmed email address notifying that a payment is ready for processing. It will contain a unique nine digit account number, expiration date, and remittance information for the invoice being paid. You will then enter the full account number (the original seven digits plus the unique nine digits) and any other required information into your credit card payment processing system.

Section J - ACH (Direct Deposit) Payment Option: Payment term is net 15. Completion by financial institution is recommended. Important: Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information. Note: The University receives funding from various sources. Each type of funding (University, State of Texas, Federal, Grant) will be handled differently. For vendors receiving State appropriated funds, those funds will be processed through the Texas Comptroller of Public Accounts on behalf of TTUHSC El Paso. If the vendor elects to receive paper checks, the vendor will receive a separate check for any portion paid on appropriated funds and a separate check for any portion paid on any other type of funding (University, Federal, Grant). If the vendor elects to receive direct deposits and advance payment notifications, those payments will process through different sources. Therefore, it will be required that the vendor authorize direct deposits for both the Texas Comptroller of Public Accounts and TTUHSC El Paso.

Section K - Authorization for Direct Deposit and Advance Payment Notification Setup for TTUHSC El Paso (Required for Direct Deposit): Provide the authorized signature, printed name, date, and email to which payment notifications are to be sent for direct deposits. Notifications are sent for direct deposit payments only, and emails are sent one business day prior to the deposit.

Section L - Authorization for Direct Deposit Setup for the Texas Comptroller of Public Accounts on behalf of TTUHSC El Paso (Required for Direct Deposit): Provide the authorized signature, printed name, and date in order to be setup for direct deposit by TTUHSC El Paso for payments processed through the Texas Comptroller of Public Accounts on behalf of TTUHSC El Paso.

Section M - Existing Account Information (Changes only): Enter the Routing number, Account number, and select the Account type that are currently on file with TTUHSC El Paso and the Comptroller's office. This will help us confirm the legitimacy of the change.