Form V = 9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Gei	1e		lew line 3b has be									
Sign Here		Signature of U.S. person	D	ate								
becau acquis other	se y	ion instructions. You must cross out item 2 above if you have been notified you have failed to report all interest and dividends on your tax return. For rea in or abandonment of secured property, cancellation of debt, contributions to interest and dividends, you are not required to sign the certification, but you	l estate transactio o an individual retir	ns, item rement :	i 2 do: arrang	es n gem	ot app ent (IR	ly. For a	mortg , gene	age inte rally, pa	erest p aymen	ts
		TCA code(s) entered on this form (if any) indicating that I am exempt from							. 1			
3. I an	ı a	U.S. citizen or other U.S. person (defined below); and										
2. I an Ser	n no	ot subject to backup withholding because (a) I am exempt from backup we (IRS) that I am subject to backup withholding as a result of a failure to reger subject to backup withholding; and	ithholding, or (b)	I have r	not be	en r	notified	by the	e Inter	nal Reved me	/enue that I a	am
		nalties of perjury, I certify that: mber shown on this form is my correct taxpayer identification number (or	I am waiting for a	a numb	er to l	be is	ssued	to me);	and			
Par	_											_
												_
Note: If the account is in more than one name, see the instructions for I Number To Give the Requester for guidelines on whose number to ente			ine 1. See also What Name and			Hoye	r ideni	ification	1 num	ber		
Enter backu reside	you p w nt a s, it	r TIN in the appropriate box. The TIN provided must match the name given intholding. For individuals, this is generally your social security number (stallen, sole proprietor, or disregarded entity, see the instructions for Part I, is your employer identification number (EIN). If you do not have a number	SSN). However, fo later. For other	or a	or			numbe	_			
Par		List account number(s) here (optional)  Taxpayer Identification Number (TIN)										
Print or type. See Specific Instructions on page 3.		City, state, and ZIP code										
	5	Address (number, street, and apt. or suite no.). See instructions.		Reques	ter's n	ame	and a	ddress (	option	aľ)		
	3b	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions			(A	(Applies to accounts maintained outside the United States.)						
	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  Other (see instructions)				Con	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)						
		☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)					see instructions on page 3):  Exempt payee code (if any)					
	3a	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.				C	4 Exemptions (codes apply only to certain entities, not individuals;					
	2	Business name/disregarded entity name, if different from above.										
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarde entity's name on line 2.)	d entity, enter the o	wner's n	ame o	n lin	e 1, and	d enter t	he bus	iness/di	isregare	bek
Befor	е у	ou begin. For guidance related to the purpose of Form W-9, see Purpose										

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# Arkansas State University Vendor Information Request Form

Arkansas State University would like to request information to establish your business as a vendor. The information requested is necessary not only to maintain an accurate vendor file, but also to comply with the Internal Revenue Service Regulations. Federal law stipulates that each payee furnish an accurate Federal Tax Identification Number to the payer.

Please complete the appropriate fields below: Business/Individual Name: Contact Name: First: \_\_\_\_\_ Middle: \_\_\_\_ Last: \_\_\_\_ Phone Number: Email Address: Select the appropriate category for tax purposes: ☐ US Citizen Legal Permanent Resident (Green Card) Nonresident Alien US Entity Foreign Entity **Order Address:** County: State: Zip Code: **Payment Address:** Address: County: \_\_\_\_\_ State: Zip Code: Nation: Important: In order to expedite any current or future order, please email the required forms to procurement@astate.edu. W-9 (US Citizen, LPR) W-8BEN (Foreign Individuals) W-8BENE (Foreign Entities)

Procurement Services
PO Box 1860
State University, AR 72467
(870) 972-2028
procurement@astate.edu

### VENDOR NAME

COMBINED	CERTIFICATION	NS FOR CONT	PACTING WITH	THE STATE O	E VBKVN6V6

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
  - A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater. No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-60-105.
- 3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
  - A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction: Required with bid or proposal submission.
  - A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are in compliance with the certification requirements listed above that are relevant to the contractor's performance under the resulting contract and will remain so for the aggregate term of any resultant contract. Additionally, the Contractor agrees and certifies they shall comply with all Arkansas laws applicable to the contractor's performance under the resulting contract.

Contract Number:	Description:		
Department Name:			
Vendor Number:	Vendor Name:		
Vendor Signature		Date	