

University of South Alabama

Purchasing

650 Clinic Drive, Suite 1400
Mobile, AL 36688-0002

(251) 460-6151 Fax (251) 414-8291

Accounts Payable

650 Clinic Drive, Suite 1400
Mobile, AL 36688-0002

(251) 460-6191 Fax (251) 461-1518

Substitute W-9

Complete this form and return it via email to the department with whom you are engaged in business activities. Vendors are required to use the exact legal name of their business

Name Business/Individual: _____

DBA (doing business as): _____

Business name, if different from individual or parent company name

Taxpayer Identification Number-Enter your TIN (if available) that corresponds to the name entered above. For individuals and single-member LLC's that are disregarded entities, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

_____-_____-_____ OR _____-_____

Social Security Number

Employer Identification Number

***Check appropriate box for federal tax classification; check only one of the following boxes:**

Individual/Sole Proprietor or C Corporation S Corporation Partnership Govt. Agency
single member LLC (which is a disregarded entity)

Limited liability company (which is not a disregarded entity). Enter the tax classification (C=C corporation, S=S corporation, P=partnership: _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner is the owner of another LLC that is not disregarded from the owner for US tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (please explain) _____

Are you or any of the officers/members/owners of your organization related to a USA employee? Y N

If services are not being performed in Alabama, in which state are the services being performed? _____

If yes, list name(s) of employee(s) _____

Are you or any of the officers/members/owners currently or previously employed by USA? Y N

If yes, list position(s) held _____

For individuals, are you a US citizen? Y N If no, list country of citizenship _____

Order From/Solicitation Address:

Remit to Address:

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Business Ownership: (Check the appropriate box)

Minority-owned Female-owned Disabled Veteran Other _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____