

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 to the University Purchasing Department via fax, email, or mail. 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 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: _____

PO Email: _____ Remit to Email: _____

Business Ownership: (Check the appropriate box)

Minority-owned Female-owned Disabled Veteran Other _____

Type of products/services provided: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____