

UNC Charlotte

Vendor Information Form (aka Taxpayer Information Form)

PAYMENTS WILL NOT BE RELEASED UNTIL THIS FORM IS COMPLETED AND RETURNED.

We are required by federal law to obtain this information for each person to whom the University makes a payment. Failure to provide this information may result in payments being subject to 28% backup withholding and penalties imposed by the IRS. Once the form is completed, fax to 704-687-1450, or mail to UNC Charlotte, Travel & Complex Payments, 9201 University City Blvd, Reese Building, 3rd Floor, Charlotte, NC 28223. Completed forms containing an Employer Identification Number (EIN) may be emailed to ImageNowVend@unc.edu. **This form is for U.S. persons only.** A resident alien is considered a U.S. person for tax purposes. If you are a foreign person, complete Vendor Information Form-Foreign Persons (Form W-8BEN) and the Foreign National Information Form-Visitor Version (<http://finance.unc.edu/forms/travel-complex-payments>). For questions regarding any of these forms, please contact vendor-setup@unc.edu or 704-687-5764.

Requesting Department: Computer Science Contact name: Aubrae Collins Contact Phone: 704-687-8954
 Purpose of Payment: Stipend

Part 1: TAX STATUS (complete the section that applies)

US Individuals: (Form 1099 reportable) (Individuals are *not* a "doing business as", a company name, or alternative)

Individual Name **(as shown on your tax return):** _____
 Individual Social Security Number: (If providing SSN, DO NOT EMAIL FORM) _____

US Sole Proprietor: (Form 1099 reportable) (A sole proprietorship may have a "doing business as" trade name, but the legal name is the business owner). If you supplied your personal SSN as the Tax ID, you must provide your name as it is issued with your SSN. If you provided an EIN provided to you by the IRS for your business, you must provide the legal business name registered for EIN.

Business Owner's Name **(as shown on your tax return):** _____
 Business Owner's Social Security Number: (PLEASE DO NOT EMAIL FORM) _____
 Business or Trade Name: _____
 Business EIN: _____

US Partnership, Limited Liability Partnership, Limited Liability Company or Trust, etc.: (Form 1099 reportable) (Non-corporations)

Name of Partnership/Company Name **(as shown on your tax return):** _____
 Partnership's/Company's EIN: _____

US Corporation (must be a "C" or "S" corporation only), Exempt organization, or Federal, State or Local Government Agency:

Name of Corporation or Entity **(as shown on your tax return):** _____
 Corporation's EIN: _____

Required: Check the correct status below. **If a status is not selected, a 1099 will be issued regardless of status.**

- _____ Corporation: Not medical, healthcare or legal service provider
- _____ Corporation: Medical, healthcare or legal services (all 1099 reportable)
- _____ Tax exempt organization under 501 or IRA
- _____ The United States or any of its agencies or instrumentalities (federal government)
- _____ A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- _____ A foreign government or any of its political subdivisions located in the U.S. or U.S. Territories

Part 2: ADDRESS

Order/Physical Address	Payment Remittance (Remit to) Address
Address Line 1: _____	_____
Address Line 2: _____	_____
City, State, Zip Code: _____	_____
Country: _____	_____
Phone Number: _____	_____
Fax Number: _____	_____
Email Address: _____	_____
Contact Person's Name: _____	_____

NOTE: If providing a P.O. Box remit address, you must also provide a Physical Address.

Part 3: OTHER INFORMATION

Business Classification (Check all that apply)

_____ Asian American	_____ African American	_____ Hispanic American
_____ Disabled Owned	_____ American Indian	_____ Women Owned

Does your company accept Purchase Orders?
 If so, please provide your preferred method.

Email
 Yes No

 Fax CXML

UNC Charlotte Payment Terms are Net 30.
 If alternate terms have been approved through contract with the University, indicate those terms here _____ (Purchasing Approval required)

Part 4: CERTIFICATION Signature (NOT a typed name) is required.

Under penalties of perjury, I certify that (1) the number shown above is my correct taxpayer identification number; (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 IRS that I am subject to backup withholding; (3) I am a U.S. person (including a U.S. Resident Alien); and (4) the information provided is complete and accurate as of this date.

Signature: _____ Date: _____
 Printed Name: _____