



Contracts, Purchasing, and Risk Management

NORTHERN ARIZONA UNIVERSITY

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM
Contracts, Purchasing, and Risk Management
928-523-4557

DO NOT SEND TO IRS
RETURN TO NAU
See Page 2

Revised 8/16/2019

Attention: If the individual is an employee of Northern Arizona University or the business is owned wholly or partially by an employee of NAU DO NOT complete this form and contact Contracts, Purchasing, and Risk Management for assistance.

Foreign individuals/business entities doing business within the U.S. should complete the Foreign Substitute W-9 available at <http://nau.edu/services-Purchasing-Services/Forms/>.

1. Taxpayer Identification Number (TIN):		<input type="checkbox"/> Employer ID Number (EIN)
		<input type="checkbox"/> Social Security Number (SSN)

2 LEGAL NAME: (must match TIN above)	
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3. DUNS # (If applicable)	
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4. LEGAL MAILING ADDRESS:	(Where check, tax information, and general correspondence is to be sent)		
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DBA (Doing Business As):	
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Address:	
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Address Line 2:	
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City:	State:	ZIP Code:
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5. Remit to Address:	<input type="checkbox"/> Same as Legal Mailing Address
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Address:	
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Address Line 2:	
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City:	State:	ZIP Code:
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6. Contact Name:	
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Phone Number:	
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Email Address:	
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7. ENTITY TYPE

<input type="checkbox"/> Individual (not a business)	<input type="checkbox"/> Sole proprietor (Individually owned business) or sole proprietor organized as LLC or PLLC	<input type="checkbox"/> Corporation (NOT providing health care, medical or legal services)	<input type="checkbox"/> Corporation (providing health care, medical or legal services)
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<input type="checkbox"/> The US or any of its policital subdivisions or instrumentalities	<input type="checkbox"/> A state, a possession of the US, or any of their policital subdivisions or instrumentalities	<input type="checkbox"/> Tax-exempt organizations under IRC §501	<input type="checkbox"/> Partnership, LLP or partnership organized as LLC or PLLC
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8. Business Purpose:

<input type="checkbox"/> Medical	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Legal	<input type="checkbox"/> Other, Specify:
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9. Product or Service Provided/ Purpose of Payment:	
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NOTE: IF BOTH PAGES OF THIS FORM ARE NOT COMPLETED THE FORM WILL BE RETURNED TO YOU.
Northern Arizona University is fulfilling a mandate associated with state agencies increasing procurements from Arizona Small and Diverse Businesses.



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10. FEDERAL INFORMATION – REQUIRED FOR BUSINESSES ONLY

What is the Federal classification type of your business? – see definitions on link below.
(S.B.A. Small Business definition FAR 19.001 and size standards FAR 19.102)
<http://www.sba.gov/size>

LARGE Business? YES NO
SMALL Business? YES NO

Please check all that apply to your business for Federal Supplier Type:

Service Disabled Veteran Owned (VD) <input type="checkbox"/>	Small Disadvantaged (SD) <input type="checkbox"/>	Women Owned (WO) <input type="checkbox"/>
Veteran Owned (VO) <input type="checkbox"/>	Minority Institution (MI) <input type="checkbox"/>	HUB Zone (HZ) <input type="checkbox"/>

Note: Supplier type will be verified through the System for Award Management
<https://www.sam.gov>

11. Residency (Select one):

U.S. Person, Includes Resident Alien
 Nonresident Alien performing services outside the U.S.

12. CERTIFICATION

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),
2. I am not subject to backup withholding.
3. I am a U.S. person (including a resident alien). Cross '3' if non-resident doing business outside the U.S.
4. I certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency from doing business with the federal government. See Federal Acquisition Regulation section [52.209-6](#) for more information regarding debarment.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Are you retired from the Arizona State Retirement System (A.S.R.S.) and returning to work?
 Yes No

Payment Term: Net 30 in accordance with A.R.S. [35-342](#).

PRINT NAME:

SIGNATURE:

Title:

Date:

NAU Contact Name and Phone/Email:

Nathan Pullen, Director, 928.523.3820 nathan.pullen@nau.edu

E-mail completed and signed form to nau-purchasing@nau.edu. Northern Arizona University is an Equal Opportunity/Affirmative Action Institution. *Foreign individuals/business entities should contact Contracts, Purchasing, and Risk Management to initiate the vendor registration process prior to providing services.*