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 activites. 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 single member LLC (which is a disregarded entity) C Corporation S Corporation Partnership Govt. Agency

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:

Street _____

City_____State_____Zip_____

Phone: _____

Email:_____

Remit to Address:

Street _____

City_____State_____Zip_____

Phone: _____

Email:_____

Business Ownership: (Check the appropriate box)

Minority-owned Female-owned Disabled Veteran ☐ Other _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____