

University of Texas  
**SUPPLIER INFORMATION FORM**  
(Replaces W-9)

**Purpose of this form (Check One)**  Add as a New Vendor  Update existing entry (ID or Short) \_\_\_\_\_  Add as an employee to Vendor file (Evaluate with Payroll Office)

**PART I. GENERAL SUPPLIER INFORMATION**

Doing Business As (DBA) or Individual's/Sole Proprietor's Legal Name: \_\_\_\_\_

*University of Texas reserves the right to request photo identification to confirm legal name(s).*

<input type="checkbox"/> <b>Individual</b> <i>SSN or ITIN is required</i>	<input type="checkbox"/> <b>Sole Proprietor</b> <i>SSN is required when providing EIN</i>	<input type="checkbox"/> <b>Partnership</b> <i>Must provide at least two (2) Partner's legal name</i>	<input type="checkbox"/> <b>Corporation or other Entity</b> <i>Employer ID Number (EIN): _____</i>
Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> and/or Employer Identification Number (EIN): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Partnership Employee ID #: _____ Enter two partner names and Social Security Numbers or Individual Taxpayer Identification Number. <i>If either partner is a corporation, use the corporation's EIN.</i>	<input type="checkbox"/> T - Texas Corporation <input type="checkbox"/> A - Professional Association <input type="checkbox"/> L - Texas Limited Partnership <input type="checkbox"/> C - Professional Corporation Texas Secretary of State Filing Number: _____ <b>** If L, T, A, or C is checked, enter Texas Charter Number (Texas SOS file number)</b> <input type="checkbox"/> O - Out of State <input type="checkbox"/> U - State Agency/Univ. <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign Business (outside to US) <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> N - Other: _____
<b>Texas Identification Number</b> <i>(Check which type of number(s) being provided)</i> <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Employer ID Number(EIN) <input type="checkbox"/> Comptroller's Assigned Number #: _____ #: _____		Partner Name: _____ Partner SSN/ITIN/EIN: _____ Partner Name: _____ Partner SSN/ITIN/EIN: _____	

Short description of the product/service being provided to University of Texas: \_\_\_\_\_

University of Texas Department & Contact Information (Recipient of Goods/Services): \_\_\_\_\_

*The University of Texas is requesting to disclose your Social Security Number in order to report compensations to the Internal Revenue Service (IRS), as required by federal law. Payment to Non Residents are generally subject to income tax withholding. Tax Treaty exemptions may be available. Tax Treaty information will be verified by the University of Texas. Please contact the University of Texas for questions and more information.*

**PART II. CITIZENSHIP INFORMATION**

**Section A. Citizenship Status**

*I attest, under penalty of perjury, that I am (check one of the following):*

- 1 - A citizen or national of the United States of America
- 2 - A Lawful Permanent US Resident: *Alien/Greencard #:* \_\_\_\_\_
- 3 - A Non U.S. Resident/Non Resident Alien (*If checked, continue to Section B*)

**Section B. Non U.S. Resident(Alien) Information** *(complete only if you checked "Non U.S. Resident/Non Resident Alien")*

Country of Citizenship: \_\_\_\_\_

**PART III. ADDRESSES**

**Order Address**

Individual Tax or Business Legal Name: \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 City/Town/Locality: \_\_\_\_\_  
 State/Territory/Providence: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Remittance Address:**  *Check if same as the Order Address*

Individual Tax or Business Legal Name: \_\_\_\_\_  
 Address Line 1: \_\_\_\_\_  
 Address Line 2: \_\_\_\_\_  
 City/Town/Locality: \_\_\_\_\_  
 State/Territory/Providence: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Would you prefer to receive purchase orders via  fax or  e-mail*

*The University of Texas remits payments in accordance with the Texas Government Code, Chapter 2251, Texas Prompt Payment Act (PPA), which states that goods or services must be paid within 30 days of the receipt of the goods or services or the receipt of the invoice, whichever is later. **Warning:** Failure to provide the correct name and number combination may result in payment being subject to 31% backup withholding.*

**For payees, Exempt From Backup Withholding enter "Exempt":** \_\_\_\_\_

Please send the completed form to the University of Texas \_\_\_\_\_

**PART IV: DIRECT DEPOSIT PROGRAM**

**DECLINE DIRECT DEPOSIT PROGRAM**  
*If you do not wish to participate in the direct deposit program, complete the following information.*

**Do you want Direct Deposit?**

- NO** *(Complete Decline Direct Deposit Program in this section)*  
 **YES** *(Complete Direct Deposit Authorization Form)*

<b>Business Name:</b>	<b>Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
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**PART V. AUTHORIZED SIGNATURE**

*Under penalties of perjury, I certify that the information provided on this form is, to the best of my knowledge, true, correct and complete.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed form to The University of Texas at El Paso, Purchasing and General Services, Kelly Hall, 3rd Floor  
 500 W. University Avenue, El Paso, Texas 79968-0506 or sent via Fax to (915) 747-5932**

**For Institutional Use Only:**

<b>Payee EID:</b>	<b>Creator:</b>	<b>Date:</b>
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**Institution:**

# Direct Deposit Authorization Form

University of Texas

**Notification:** Request must allow for sufficient time for processing and may not be effective for the next check run. Late requests may result in a check being issued or Direct Deposit to an established account. We strongly suggest leaving your old account open until the deposit into your new account has occurred.

A. Action Type (Select only one Action Type)	B. Financial Institution Information (Completion by financial institution is recommended)
<input type="checkbox"/> New Direct Deposit Setup  <input type="checkbox"/> Change Current Direct Deposit: Change Account or Financial Institution  <input type="checkbox"/> Cancel Direct Deposit	<i>Account Type:</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings  Financial Institution Name: _____ Routing Number (9-Digits): _____ Account Number (max 17 characters): _____

## C. Financial Representative

Financial Representative Name (optional): \_\_\_\_\_ Title (optional): \_\_\_\_\_  
Phone Number(optional): \_\_\_\_\_ ext. \_\_\_\_\_ E-Mail (optional): \_\_\_\_\_  
Financial Representative Signature (Optional): \_\_\_\_\_ Date(optional): \_\_\_\_\_

## D. Direct Deposit Authorization Agreement

**Authorization Agreement:** I hereby authorize the University of Texas to deposit my payments directly to the account listed above (Section B) by way of Direct Deposit (Automated Clearing House (ACH) credit). This authority will remain in force until I have given advanced written notice, or deposit service has been discontinued by the discretion of the University of Texas. I understand that I must provide advance notice to allow reasonable time for my instructions to be executed. I understand that it is my sole responsibility to verify with my financial institution the receipt of my direct deposit funds. I agree to notify the University of Texas within three (3) business days if the deposit has not been made and/or receipt of an incorrect deposit amount. Furthermore, if an incorrect deposit should be made into my account, I authorize my financial institution and the University of Texas to make appropriate adjustment(s) from my account.

Authorized Signature (required): \_\_\_\_\_  
Printed Name (required): \_\_\_\_\_ Date (required): \_\_\_\_\_

**Optional:** A copy of a voided check or Printed Bank Account Information Page for Checking or Account Card Copy for Savings Direct Deposit may be attached below.

For Institutional Use Only:		
Payee EID:	Creator:	Date:

# University of Texas at El Paso

## Supplier Information Form Instructions

### Purpose of Form:

An organization that is required to file an information return with the IRS must obtain your correct Federal Taxpayer Identification Number in order to report income paid to you. The Tax Identification Number is the Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) and/or Employer Identification Number (EIN) of the payee. Corporations and Federal Grant Providers will need to include the DUNS (Data Universal Numbering System by Dun & Bradstreet). Nonresident alien information must be obtained to determine the payee's tax status for compliance with IRS withholding and reporting requirements. The additional information for other payee types is needed to satisfy State of Texas requirements for establishing vendor records.

### Specific Instructions:

To prevent payments from being subject to backup withholding, you must provide a correct Federal Tax Identification Number. It is considered incorrect if the name and Tax Identification Number combination does not match or cannot be found on IRS or Social Security Administration (SSA) records.

### **PART I: GENERAL SUPPLIER INFORMATION**

**Doing Business As (DBA)/Legal Name:** - Please provide the name the supplier will "do business as". "Doing Business As (DBA)" name can refer to the supplier's Legal Name or Business Name. The University of Texas reserves the right to request photo identification to confirm the given legal name and Social Security Number. DBA names are registered with the Texas Secretary of State. If DBA is unregistered with the Texas Secretary of State, the legal name should be given.

If you are an **individual**, you must generally provide the name shown on your social security card or federal income tax return. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and your new last name. The University of Texas is requesting disclosure of Social Security Number (SSN) in order to report compensation to the Internal Revenue Service (IRS), as required by federal law. Further disclosure of Social Security Numbers will be governed by the Public Information Act ([Chapter 552 of Texas Government Code](#)) and University of Texas policies.

If you are **sole proprietor**, you must furnish your **individual** name and your SSN or ITIN. You may also enter your business name or DBA name on the business name line. The SSN or ITIN will be used for your vendor record with The University of Texas. If you prefer to use your EIN for any required tax reporting, SSN will also be required. Enter your name(s) as shown on your social security card and/or as it was used to apply for your EIN on IRS Form SS-4.

### What Name and Number to Give the Requestor:

Type of Payee	Name to Use	SSN/EIN
1. Individual	Individual	SSN
2. Sole Proprietor	Owner	SSS or Both SSN & EIN
3. Partnership	Partnership	EIN
4. Corporation	Corporation	EIN
5. Other Entity	Organization	EIN

**Tax Identification Number-** Organizations that contract with a state agency must provide either a *Federal Employer Identification Number (EIN)* issued by the Internal Revenue Service, *Owner's Social Security Number (SSN)* issued by the Social Security Administration, *Texas Comptroller of Public Accounts Assigned Number* or *Texas Taxpayer Number*, is issued by the *Texas Comptroller of Public Accounts* (<https://fmx.cpa.state.tx.us/fmx/payment/resources/tin.php>).

**Partnership:** - Partnership should include the Partnership Employee Identification (ID) number and at least two partners names and the partners' SSN or EIN. IF either partner is a corporation, use the corporation's EIN.

**Corporation or other Entity: Ownership Codes** - Vendors should check the appropriate Ownership Type. Specific Ownership Types may require additional information and forms. Ownership codes **L**, **T**, **C** and **A** must include a Texas Secretary of State (SOS) File Number on file with the Texas Secretary of State.

(1) **L - Texas Limited Partnership:** Type of partnership comprised of one or more general partners, who are personally liable for debts, contribute capital and share in profits, but who take no part in running the business. File number as listed with the Texas Secretary of State.

(2) **T - Texas Corporation:** For-profit or non-profit corporation (including Limited Liability Corporations) chartered with the Texas Secretary of State. Charter number and Profit Status as listed with the Texas Secretary of State.

(3) **C - Professional Corporation:** Corporation chartered with the Texas Secretary of State as a professional corporation.

With few exceptions, you are entitled on your request to be informed about the information University of Texas collects about you. Under Sec 552.021 and 552.023 of the TX Govt Code, you are entitled to receive and review the information. Under Sec 559.004 of the TX Govt Code, you are entitled to have University of Texas correct information about you that is held by us and that is correct, in accordance with the procedures set forth in the UT System Business Procedures Memo 32. The information that the University of Texas collects will be retained and maintained as required by TX. Records retention laws (Sec 441.180 et seq. TX Govt Code) and rules. Different types of information are kept for different periods of time.

# University of Texas at El Paso

## Supplier Information Form Instructions

(4) **A - Professional Association:** Entity chartered with the Texas Secretary of State, such as medical doctors and professional organizations.

**O - Out of State Corporation:** Corporation legally chartered by a governmental entity outside the State of Texas. Profit Status must be listed with the Texas Secretary of State.

**G - Governmental Entity:** Any legal government agency, such as a county, city, or federal agency not created by the State of Texas Legislature. These entities do not include Texas state agencies or universities.

**U - State Agency/University:** Any agency or university created by the Texas State Legislature. The Federal Tax Identification Number for this ownership code should use the comptroller assigned number with a format of 3+ agency number repeat 3 times = check digit + mail code. This type does not include agencies of other states.

**F - Financial Institution:** Any state bank, federal bank, savings and loan, or credit union.

**R - Foreign (Out of the USA):** Entity outside of the United States that does not have either an SSN or an EIN. Profit and Treaty Status should claim benefits by writing "Exempt" in the bottom of Part III "For payees, Exempt from Backup Withholding". Proof of treaty benefits may be required by the University of Texas Institution.

**N - Other:** Organizations not defined within one of the other types. Examples: estates, informal organizations not chartered by the Secretary of State of Texas. A short description of the organization type must be included or attached to the Supplier Information form.

### **Part II: CITIZENSHIP INFORMATION**

**Section A. Citizenship Status** - Vendors doing business with the University of Texas must indicate if they are (1) A citizen or national of the United States of America, (2) A Lawful permanent U.S. Resident with an US issued Alien/Green card.

(3) Non U.S. Resident/Nonresident Alien (Individual) - For income tax purposes, "nonresident alien individual" means an individual who is neither a U.S. citizen nor resident. Generally, an alien is considered to be a U.S. resident if:

- The individual was a lawful permanent resident of the United States at any time during the calendar year, that is, the alien held an immigrant visa (a "green card"), or
- The individual meets the substantial presence test

**See Pub. 519, U.S. Tax Guide for Aliens, for more information on resident and nonresident alien status**

**Withholding.** - Foreign persons are not generally required to have a Tax Identification Number, nor are they subject to any backup withholding because they do not furnish a Tax Identification Number to a payer. However, non-employee payments to nonresident aliens are subject to 30% tax withholding unless a tax treaty with their country entitles them to either a lower rate or exemption. To claim any available treaty benefits, the recipient must have either a Social Security Number or IRS assigned Tax Identification Number. In addition, IRS form 8233 must be filed with the payer.

### **Part III: ADDRESSES**

Order Address indicates where product orders or service requests are submitted. Remittance Address indicates where payment or contracts, inquiries and complaints are sent. The check box "Check if same as Order Address indicates that both the order and remittance use the same address. Please check the appropriate box if you would like to receive purchase orders via facsimile (fax) or e-mail. The University of Texas remits payment in accordance with the [Texas Government code, Chapter 2251, Texas Prompt Payment Act \(PPA\)](#).

### **Backup Withholding**

**What is Backup Withholding?** - Persons making certain payments to you after 1992 are required to withhold and pay the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include rents, royalties, non-employee compensation, and payments for medical and health care services. Reportable payments you receive will be subject to backup withholding if:

1. You do not furnish your Tax Identification Number to the requestor, or
2. The IRS notifies the requestor that you furnished an incorrect Tax Identification Number.

**Claiming Exemption.** - If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding and enter "Exempt" in the field after "**For payees, Exempt From Backup Withholding enter "Exempt".**"

**Payees and Payments Exempt from Backup Withholding** - Certain payees and payments are exempt from backup withholding and information reporting. The following is a list of payees exempt from backup withholding and for which no information reporting is required. Payments subject to reporting under Internal Revenue Code (IRC) sections 6041 and 6041A are generally exempt from backup withholding only if made to payees described in items (1) through (7), except a corporation that provides medical and health care services or bills and collects payments for such services is not exempt from backup withholding or information reporting: **(1)** A corporation. **(2)** An organization exempt from tax under section 501(a), or an IRA, or a custodial account under section 403(b)(7). **(3)** The United States or any of its agencies or instrumentalities. **(4)** A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities. **(5)** A foreign government or any of its political subdivisions, agencies, or instrumentalities. **(6)** An international organization or any of its agencies or instrumentalities. **(7)** A foreign central bank of issue.

With few exceptions, you are entitled on your request to be informed about the information University of Texas collects about you. Under Sec 552.021 and 552.023 of the TX Govt Code, you are entitled to receive and review the information. Under Sec 559.004 of the TX Govt Code, you are entitled to have University of Texas correct information about you that is held by us and that is correct, in accordance with the procedures set forth in the UT System Business Procedures Memo 32. The information that the University of Texas collects will be retained and maintained as required by TX. Records retention laws (Sec 441.180 et seq, TX Govt Code) and rules. Different types of information are kept for different periods of time.

# University of Texas at El Paso

## Supplier Information Form Instructions

For information concerning Tax Treaty Benefits, contact The University of Texas office located at the bottom of the “*Part III. Addresses*”.

### **Privacy Act Notice**

IRC section 6109 requires you to furnish your correct Federal Tax Identification Number to persons who must file information returns with the IRS to report certain payments. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your Tax Identification Number whether or not you are required to file a tax return. Payers must generally withhold 31% of certain taxable payments to a payee who does not furnish a Tax Identification Number to a payer. Certain penalties may also apply.

### **Penalties:**

**Failure to Furnish Federal Tax Identification Number.** - If you fail to furnish your correct Tax Identification Number to a requestor you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil Penalty for False Information With Respect to Withholding.** - If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal Penalty for Falsifying Information.** - Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of Federal Tax Identification Number.** - If the requestor discloses or uses Tax Identification Number in violation of Federal law, the requestor may be subject to civil and criminal penalties.

### **Part IV: DIRECT DEPOSIT PROGRAM**

Please indicate if you choose to decline utilizing the Direct Deposit program by checking the appropriate check box. Indicating “No” will close the Direct Deposit Authorization Form and you must fill in Business or DBA name (if applicable), your signature, your printed name and date of signature indicated that you are declining the direct deposit program. Indicating “Yes” will open the Direct Deposit Authorization Form for completion on the next page.

### **Part V: AUTHORIZED SIGNATURE**

The business owner, organization representative or individual who has the authority to decide, provide and/or complete the information requested on the Vendor information form. The signature authority certifies, under penalty of perjury, that the information provided on the Vendor Information Form, to be true and correct to the best of their knowledge. Vendor is expected to submit a new supplier information form if any of the information provided changes

### **DIRECT DEPOSIT AUTHOTIZATION FORM**

Vendors who choose to participate in the Direct Deposit program must allow sufficient time for processing. The vendor is responsible for providing correct financial information and verification of the receipt of payment to the financial institution. Any changes in financial institution should be indicated by submitting a new Direct Deposit Authorization Form to the University of Texas. Supplier must notify the University of Texas within three (3) business days if the deposit has not been made or if the receipt includes an incorrect amount. The University of Texas reserves the right to make appropriate adjustments from the listed account.