



## Substitute W-9 Instructions

- **When you click the link provided, this page comes up.**
- **Enter your name and email address in the appropriate fields.**
- **Click “Begin Signing”**

### PowerForm Signer Information

Please enter your name and email to begin the signing process.

Your Role:

**Authorized Signer for Supplier \***

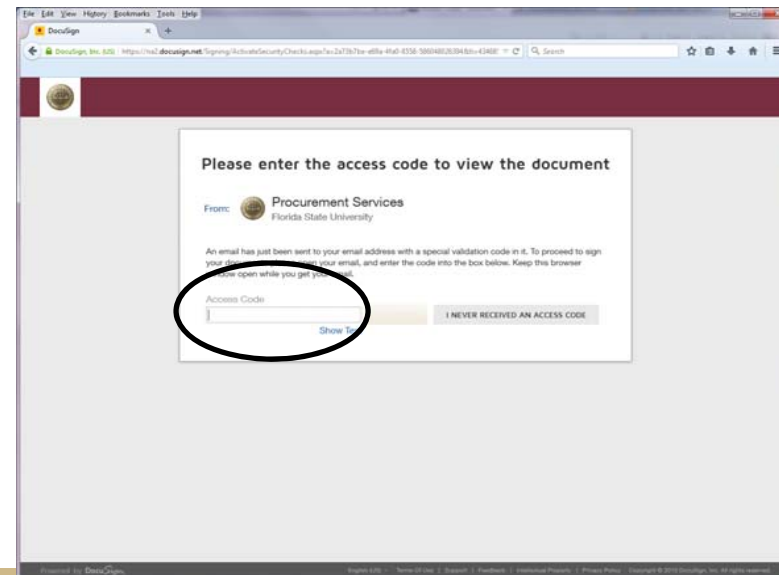
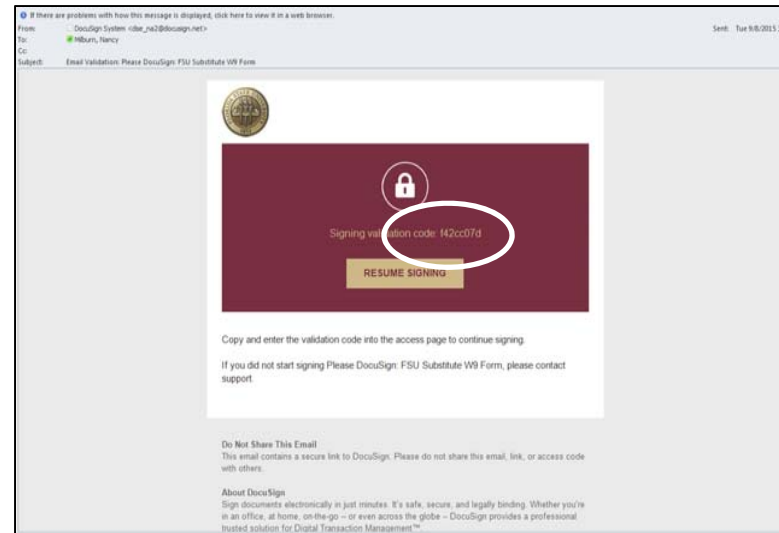
Your Name:

Your Email:

Begin Signing



- The system will send an email to the email address provided with the Access Code needed. Open the email.
- Copy and paste the Access Code provided in the “Access Code” field and click the “Validate” button.





- Hit “Continue” if the form looks grayed out.
- Begin filling in the form. Fields with red boxes are required and must be completed.

DocuSign Envelope ID: 595F0252-E85D-41CF-8C0F-B10F42B44C7E

**Substitute W-9 Form**  
(Use this form in place of IRS W-9 Form)

Procurement Services  
A1400 University Center  
Tallahassee, Florida 32306-2370  
Office: 850-644-6850 | Fax: 850-644-8921  
<http://procurement.fsu.edu>

Who at FSU are you working with regarding a purchase? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the commodities or services you sell/provide? \_\_\_\_\_

Include approximate dollar amount for this purchase: \_\_\_\_\_

At the present time, to the best of your knowledge, is any member of your company an employee of FSU or on the FSU payroll?  Yes  No

**Supplier Information:**

Legal Name (as entered with IRS): \_\_\_\_\_ Trade Name (DBA): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip+4: \_\_\_\_\_

**Tax Payer Identification Number (TIN):** (Provide Only One)

Employer Identification Number: \_\_\_\_\_  Social Security Number: \_\_\_\_\_

26 U.S.C. 6041 and related IRS regulations mandate the collection of your Taxpayer Identification Number or Social Security Number. If you have questions about the collection and use of Social Security Numbers at FSU, please visit: <http://policies.vpfa.fsu.edu/manual/safeguard.html>.

**Federal, Small and/or Minority Status Information:** (Please select the best option)

FEDERAL CLASSIFICATION	STATE OF FLORIDA CERTIFIED MBE	NON-CERTIFIED MINORITY BUSINESS ENTERPRISES MBE	NON-PROFIT ORGANIZATION
<input type="checkbox"/> Corporate or Non-Minority	<input type="checkbox"/> African American	<input type="checkbox"/> African American	<input type="checkbox"/> Minority Board of Directors
<input type="checkbox"/> Federal SBA Certified Small Disadvantaged Business	<input type="checkbox"/> American Woman	<input type="checkbox"/> American Woman	<input type="checkbox"/> Minority Community Served
<input type="checkbox"/> Governmental Agency	<input type="checkbox"/> Asian / Hawaiian	<input type="checkbox"/> Asian / Hawaiian	<input type="checkbox"/> Minority Employees
<input type="checkbox"/> Minority Business (Federal SBA Certified 8A Firm)	<input type="checkbox"/> Certified Service Disabled	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other Non-Profit
<input type="checkbox"/> P.R.I.D.E.	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	
<input type="checkbox"/> Small Business Federal (Hub Zone Firm)	<input type="checkbox"/> Native American	<input type="checkbox"/> Veteran Owned	
<input type="checkbox"/> Small Business Florida			



- Continue filling in the blocks until you get to the bottom.
- Click the “Sign” icon.

If you selected a classification that is certified by a Federal or State agency, please supply your certification number(s) and expiration dates for each certification and the agency or agencies name(s) that issued the certification with this application. To determine your Federal Small Business Size Standard, please access the US Small Business Administration's website: [www.sba.gov/size](http://www.sba.gov/size). To look up your North American Industry Classification System Code (NAICS), please access the US Census Bureau website: <http://www.census.gov/eos/www/naics/>.

If you are using Federal Small Business Size Standards and NAICS, please enter the following information:

Qualifying Number of Employees:  or Annual \$ Amount:  NAICS Code:

Standard Industrial Classification (SIC) Code:  To obtain the SIC Code, please visit the US Department of Labor's website at: [http://www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html)

**Procurement Information:** (where we should send purchase orders)

Email Address:  (Most preferred method for PO distribution) Fax Number:  Phone Number:


**Remit to Address:** (where we should mail payment)

PO Box or Number and Street:  Phone Number:

City, State, Zip+4:  Email Address:

**Certification:** Under penalties of perjury, I certify that:  
 The information supplied herein, including all attachments, is correct to the best of my knowledge, and

1. In doing business with Florida State University, I or my organization is in compliance with Chapter 112, Florida Statutes, conflict of interest, and I have disclosed the name of any FSU employee who owns, directly or indirectly, an interest of 10% or more in the above organization or any of its branches, and
2. My vendor status with Florida State University has no relation with any employment I may have at FSU or I certify I am not an employee of Florida State University, and
3. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
4. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding, and
5. I am a U.S. Citizen, including a U.S. resident alien.

Signature of Authorized Person:   Email Address:

Name:  Phone:

Title:  Date:

Substitute W-9 Form Revised 09/2015 Page 1 of 1



- A signature screen will pop up and then you can either accept the signature, or click “Change Style” to select a different signature (click to select).
- Once selected, click “Adopt and Sign”.

**Adopt Your Signature**

Confirm your name, initials, and signature.

Full Name: Nan Mill Initials: NM

Select Style Draw

Preview: DocuSigned by: Nan Mill 3C37AA49D4CD4DB... DS NM Change Style

By clicking Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL

**Adopt Your Signature**

Confirm your name, initials, and signature.

Full Name: Nan Mill

Select Style Draw

Preview: DocuSigned by: Nan Mill 3C37AA49D4CD4DB...

By clicking Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN CANCEL



- The signature will be affixed to the form and then click “Finish” at the bottom of the page.
- This action will submit the form to the appropriate email at FSU and you will receive a copy of the form in your email.

3. I am a U.S. Citizen, including a U.S. Resident alien.

DocuSigned by:  
*Nan Mill*

Signature of Authorized Person: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Name: Nan Mill Phone: 850-555-5555  
Title: Title of Person signing form Date: 9/10/2015 | 5:57 AM PT  
Substitute W-9 Form Revised 09/2015 Page 1 of 1

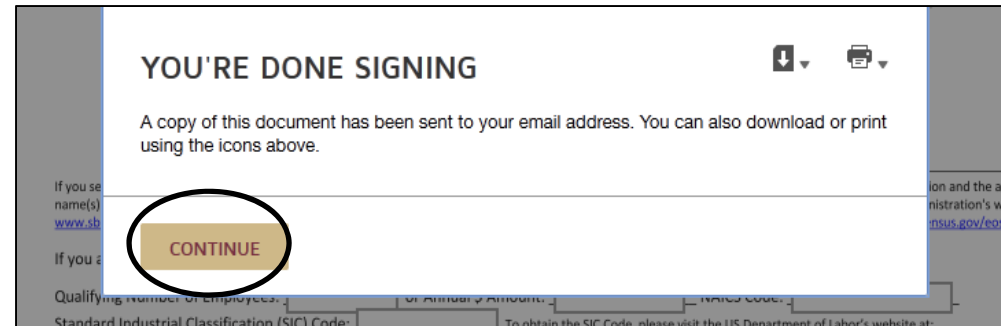
SU Substitute W9 rev2.1.pdf 1 of 1

eted document.

**FINISH** OTHER ACTIONS ▾



- A message will pop up letting you know you are done. Click “Continue”.
- You will see on the below notice that the form has been submitted.



- Should you have any questions, please contact our Supplier Relations team at 850-644-6850 or [SupplierRelations@fsu.edu](mailto:SupplierRelations@fsu.edu)

