



Florida State University Substitute IRS Form W-9 and Vendor Authentication

- If you are **not a US Citizen or permanent US Resident**, **DO NOT** complete this form. Complete the appropriate W8 for individuals via the [IRS website](#).
- If you are a **foreign entity**, **do not** fill out this form. Please refer to the IRS instructions and forms for foreign businesses found [here](#) and submit the correct IRS information. You will need to review the different W-8 versions (W-8 BEN-E, W-8 ECI, W-8 EXP or W-8 IMY) to determine the appropriate form for your company.
- This form will not be considered completed until you click the final "next" button.
- All questions with an asterisk are required.

Select the appropriate description of services provided.

- Providing Goods and/or Services
 Research Participant
 College of Medicine - Clinical Rotation
 Honorarium Recipient
 Other (specify)

Supplier Information

Legal First Name (as shown on your income tax return) *	<input type="text" value="Bill"/>
Legal Last Name (as shown on your income tax return) *	<input type="text" value="Smith"/>
Business Name (if different from above)	<input type="text" value="Bill's Bowls"/>
Name of FSU contact you are working with regarding a purchase *	<input type="text" value="Jake Yves"/>
Email of FSU contact you are working with regarding a purchase *	<input type="text" value="jyves@fsu.edu"/>
Phone number of FSU contact you are working with regarding a purchase *	<input type="text" value="608-606-7089"/>
Briefly describe the commodities or services you sell/provide *	<input type="text" value="Cutlery and the like"/>
Approximate dollar amount for this purchase *	<input type="text" value="50.25"/>

Are you currently an FSU student? *

Yes (Describe)



No



At the present time, to the best of your knowledge, are you or any member of your company an employee of FSU? All suppliers must be in compliance with [Chapter 112, Florida Statutes](#). *

Yes (Describe)



No



The Substitute IRS Form W-9 and Vendor Authentication is to be used instead of the standard IRS W-9 form. FSU has additional reporting requirements, and this online form captures additional demographic information

General Form Notes

1. Fields with an asterisk (*) are required fields.
2. Clicking the button at the bottom of the page will save the properly completed page and advance to the next page. Blank required fields or incorrectly entered fields must be entered before advancing to the next page.
3. The form will be available for editing, until it is submitted. After submission, a new form can be started. Submitted forms cannot be retrieved and edited.

You must select one description of services for the form to be routed properly.

Supplier Information

Legal Name – If an individual, full First & Last name as listed on your income tax return. If a business, company contact.

Business Name – If using a name other than a tax recognized individual name listed above.

Provide details about the contact at FSU that is requesting you to be setup as a supplier and details regarding the purchase to be made.

Student - If you are currently an FSU student, check Yes and enter the type, such as Undergraduate or Masters. If not a student, then select No. If you are a student, you may need to be paid through Student Business Services.

Employee – Check Yes, if you or a member of your company is an employee of FSU. If Yes, enter where you or they are employed and review the link to Chapter 112. This information will be reviewed to ensure there is no conflict of interest.

Entity Type

Please select one of the following entity types. If "Other" is selected, please indicate the type of entity.
(Must select 1) *

- Individual/Sole Proprietor or Single Member LLC
- Partnership
- Governmental Entity
- C Corporation
- Trust/Estate
- Tax Exempt (501-C)
- S Corporation
- *Limited Liability Company (LLC) enter tax classification below (C - C Corp, S - S Corp, P - Partnership)
- Other (specify)

*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 of the LLC is another LLC that is not disregarded from the owner for U.S. federal 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.

Exemptions (codes apply only to certain entities, not individuals)

Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Tax Status and Exemptions Must Select One

Collection and Use of Social Security Numbers – The request for your SSN or other Taxpayer Identification Number by FSU Finance and Administration is mandated by 26 U.S.C. 6041 and related IRS regulations. If you have questions about the collection and use of Social Security Numbers at FSU, please visit: <http://policies.vpfa.fsu.edu/manual/leafguard.html>

Enter your Taxpayer Identification Number (TIN) in the space provided and indicate if this is a Social Security Number (for individuals) or an Employer Identification Number (for other entities). *

Social Security Number (SSN, XXXXXXXXX)
 Employer Identification Number (EIN/TIN, XXXXXXXXXX)

Vendor Contact Information

Street Address *
City *
State *
Zip *
Main Business Contact *
Main Business Contact Email *
Phone (include area code) *
Fax (include area code)

Other Addresses

(Only if Different From Above, Click Next to Provide Address(es))

Remit Payments (send payments to) Corporate Mailing Other (specify)

Entity Type

If you need assistance in determining your entity type, you should review information from the IRS or consult a tax specialist. <https://www.irs.gov/businesses/small-businesses-self-employed/business-structures>

Exemptions

If you need assistance in determining your exemption status, you should review the IRS site or consult a tax specialist. <https://www.irs.gov/pub/irs-pdf/iw9.pdf>

An IRS issued tax number MUST be provided, otherwise, FSU cannot accept the application.

Social Security Number (SSN)

– If you are an individual, enter your Social Security Number. If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN.

Employer Identification Number (EIN)

– C Corporations, S Corporations, Partnerships, Trust/Estates, Government Entities, Tax Exempt, Other must use an EIN number.

Both numbers will always be a 9-digit number. Enter the number without any hyphens.

Vendor Contact Information

Additional addresses can be selected and entered as needed.

Federal, Small and/or Minority Classification Information

(Please check all that apply)

Federal Classification *

- A. Large Business, Non-Minority Owned E. Governmental Entity
 B. Small Business, FL, Non-Minority Owned F. Non-Profit Organization
 C. Small Business, Non-Florida Minority Owned G. PRIDE
 D. Minority Business (Federal S8A Certified 8A Firm) Other
 C1. Federal S8A Certified Disadvantaged Business None/Not Applicable
 D1. Small Business Federal (Hub Zone Firm)

State of Florida Certified Minority Business Enterprises (CMBE) *

- H. African American M. American Woman
 I. Hispanic W. Service Disabled Veteran
 J. Asian / Hawaiian None/Not Applicable
 K. Native American

(NCMBE) Non-Certified *

- N. African American R. American Woman
 O. Hispanic Y. Veteran Owned
 P. Asian / Hawaiian None/Not Applicable
 Q. Native American

Non-Profit Organization *

- S. Minority Board of Directors V. Other Non-Profit
 T. Minority Employees None/Not Applicable
 U. Minority Community Served

If you selected a classification that is certified by a Federal or State agency, please attach your certification in the following pages of this form. To determine your Federal Small Business Size Standard, please access the US Small Business Administration's website: www.sba.gov/size. To look up your North American Industry Classification System Code (NAICS), please access the US Census Bureau website: <https://www.census.gov/naics/>.

Qualifying Number of Employees
OR Annual Amount (\$)
NAICS Code
Standard Industrial Classification (SIC Code)
SIC Amount (\$)

**If you do not know your industry's SIC Code please visit the U.S. Department of Labor's web site.

This information is used for reporting purposes of the types of companies that FSU is doing business with. Select one option from the entire menu.

If you chose a certified business, attach your certification later in this request.

Payment Method Information

(Must Select One)

FSU recommends all suppliers be paid electronically. Electronic payments provide you with faster invoice payment, detailed remittance information, and improved cash flow.

Electronic Payment Choices

- Direct Deposit (have bank account information available for next step)
- Single Use Virtual Visa Card (V-Card)

Non-Electronic Payment Choice

- Check

Direct Deposit Information

Checking Account Number *	12345678912
Transit/Routing Number *	999999999
Financial Institution Name	The Bank
Financial Institutional Phone Number	571-236-2019
Electronic Remittance Advice E-Mail	byves@gmail.com

SPECIAL NOTE: Please make sure your direct deposit has stopped before closing your account. Otherwise, the funds will be returned to FSU and cause a seven to ten-day delay before you receive your payment. Direct deposits take effect immediately, so please ensure your information is correct. FSU is not liable for any incorrect information submitted by the vendor on this form (e.g., account number, routing number, vendor identification number).

The University may request additional information to confirm your banking information.

Direct Deposit

Direct Deposit will require Payee bank account information and a scanned copy of a voided check.

Checking Account Number - FSU can only make direct deposits to checking accounts on US Banks. The number does not have a fixed number of digits, but it may have leading zeroes.

Transit/Routing Number - The bank routing number will ALWAYS have 9 digits and may have leading zeros.

YOUR NAME
1234 Main Street
Anywhere, OH 00000

DATE _____ 123

PAY TO THE ORDER OF _____ \$ _____

_____ DOLLARS

⑆044072324⑆ ⑆000123456789⑆ ⑆123⑆

ROUTING NUMBER **ACCOUNT NUMBER** **CHECK NUMBER**

Single Use Virtual Visa Card (V-Card)

- The V-Card payment method is a convenient way to receive payments, if the supplier can accept credit card payments.
- FSU's normal payment terms are Net 40, but V-Card is paid Net 14.
- The supplier will need to register with Wells Fargo to setup a free VCard account, so Wells Fargo will know where to send the payment information.
- If this method is chosen, FSU will be in further contact to complete the setup process.

If supplier agrees and understands the E-Payments Sign-Up, check the 4 boxes. If there is an issue with any component of the V-Card, change the selection back to Check or Direct Deposit.

- Payment Deliver Email* - email address where Wells Fargo will deliver the payment information
- Payment Deliver Phone Number* - Phone number of the Contact Person below.
- Payment Deliver Contact Person* – Person to contact if there is an issue with a payment.

E-Payments Sign-Up

Purpose: To authorize Florida State University to start paying a supplier using Wells Fargo E-Payment system.

I am authorizing set up of E-Payments (Payments via single use Visa cards) from Florida State University

- I understand that this will require credit card processing with all applicable interchange fees.
- Secure payment notification will be sent to the e-mail provided in the Payment Notification Contact Information Section below.
- I understand that my company's payment terms will be updated from the standard Net 40 to Net 14 days by adopting this payment method.
- I am authorized to make this payment change and understand the processing method and requirements.

Please upload any relevant documents below. If you have no documents to include, select the next button.

Drop files or click here to upload

If Direct Deposit was selected, upload a scanned or photographed copy of a voided check.

If a Federal Small and/or Minority Certified classification was selected, attach certification.

Certification

Under the 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); and
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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Sign and Title Below

Printed Name *
Title *

eSignature of Authorized Person With Vendor

You agree your **electronic signature** is the legal equivalent of your manual signature on this Agreement.



7/16/2021

You can contact FSU Disbursement Services at:

A5607 University Center
Tallahassee, Florida 32306-2391
Office: 850-644-5021 | Fax: 850-644-8137
CTL-APVendors@fsu.edu

Please verify that the information you provided is accurate. If so, select the next button below to submit the form.

Please take a moment to review your responses below.
If your responses are, to the best of your knowledge, accurate, scroll to the bottom of the page and select the Next button to submit this form.
If not, use the back button to modify your responses.

Below is a summary of your responses

[Download PDF](#)

Florida State University Substitute IRS Form W-9 and Vendor Authentication

- If you are *not a US Citizen or permanent US Resident*, DO NOT complete this form. Complete the appropriate W8 for individuals via the [IRS website](#).
- If you are a *foreign entity*, do not fill out this form. Please refer to the IRS instructions and forms for foreign businesses found [here](#) and submit the correct IRS information. You will need to review the different W-8 versions (W-8 BEN-E, W-8 ECI, W-8 EXP or W-8 IMY) to determine the appropriate form for your company.
- After completion of the required form, send the signed document to your FSU department contact to work with Procurement Services or Accounts Payable for setup.

Select the appropriate description of services provided.

- Providing Goods and/or Services Research Participant
 College of Medicine - Clinical Rotation Honorarium Recipient
 Other (specify)

After completing the form online, a copy of the responses can be downloaded by clicking on the Download PDF link on the upper right corner of the page.

You can also scroll through the completed form to confirm your responses and make any changes if necessary.

You can contact FSU Disbursement Services at:

A5607 University Center
Tallahassee, Florida 32306-2391
Office: 850-644-5021 | Fax: 850-644-8137
CTL-APVendors@fsu.edu

After reviewing the form and making any corrections, **click Next button at the bottom of the page and the system will submit the form.**

Next

Contact Information:

Procurement Services
A1400 University Center
Tallahassee, Florida 32306-2370
Office: 850-644-6850
SupplierRelations@FSU.edu

Disbursement Services
A5607 University Center
Tallahassee, Florida 32306-2391
Office: 850-644-5021
CTL-APVendors@FSU.edu

FLORIDA STATE UNIVERSITY



We thank you for your time spent taking this survey.
Your response has been recorded.