

Guide to Completing the Substitute W-9 and Supplier Information Form

WHO COMPLETES THE SUBSTITUTE W-9 AND SUPPLIER INFORMATION FORM?

- The vendor or authorized vendor representative completes and signs the substitute W-9 and Supplier Information form.

WHO SENDS THE FORM TO VENDOR RELATIONS?

- The vendor or authorized vendor representative sends the completed form to Vendor Relations.
- If the form is sent to the UCSF department, staff should forward the form to Vendor Relations.

WHERE THE FORM SHOULD BE SENT?

- Only the completed form should be sent to the Controller's Office-Vendor Relations, using any one (1) of the following options:

Email (preferred method): vendors@ucsf.edu

Fax: 415-920-2504

Mail: UCSF Controller's Office

c/o Vendor Relations

Box 0812

San Francisco, CA 94143-0812

SUPPLIER INFORMATION

- **NAME** – name used in IRS tax reporting and must correspond to the social security number or employer identification number
- **TRADE NAME/DBA** – name of the company, if different from legal name
- **PRIMARY ADDRESS** – primary business location
- **REMITTANCE ADDRESS** – address where payments are sent, if different from primary address
- **TAX CLASSIFICATION** – select the applicable tax classification; check only one (1) type
- **TAXPAYER IDENTIFICATION NUMBER** – provide the social security number or employer identification number
- **DUN & BRADSTREET NUMBER** – provide the unique 9 digit identification number assigned to your business

ORDERING

- **PO FAX** – fax number to receive the UCSF purchase order
- **PO EMAIL** – email address to receive the UCSF purchase order

BUSINESS DIVERSITY

- **BUSINESS SIZE, OWNER GENDER, OWNERSHIP ETHNICITY** – select the appropriate classification
- **NAICS CODES** – enter applicable codes
- **REPRESENTATION** – select all that apply; refer to separate page for definitions

CERTIFICATION

- Vendor or authorized payee representative must sign the Certification.



Substitute W-9 Form Disclosures

PRI VACY ACT NOTI CE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and certain other income paid to you; mortgage interest you paid, the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, or Archer MSA or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

PENALTI ES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, 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 TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITI ONAL I NSTRUCTI ONS: See IRS Form W-9, Request for Taxpayer Identification and Certification.

Supplier Information Definitions

- **Service Disabled Veteran** - a veteran of the military, naval, or air service of the United States with a service connected disability who is a resident of the State of California. To qualify as a veteran with a service connected disability, the person must be currently declared by the United States Veterans Administration to be 10 percent (10%) or more disabled as a result of service in the armed forces. See note under Service Disabled Veteran Business Enterprise (SDVBE).
- **Service Disabled Veteran Business Enterprise (SDVBE)** - a business that is at least fifty-one percent (51%) owned by one or more service disabled veterans or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals; and whose management and daily business operations are controlled by one or more of such individuals. **Note: CERTI FI CATI ON FROM THE STATE OF CALI FORNI A DEPT. OF GENERAL SERVI CES ([DGS](#)) I S STRONGLY RECOMMENDED.**
- **Disadvantaged Business Enterprise (DBE)** - a business concern which is at least fifty-one percent (51%) owned by one or more socially and economically disadvantaged individuals or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by such individuals and whose management and daily business operations are controlled by one or more of such individuals.
- **Small Disadvantaged Business (SDB)** - SDB certification strictly pertains to benefits in Federal procurement. The U.S. Small Business Administration certifies SDBs to make them eligible for special bidding benefits. Evaluation credits available to prime contractors boost subcontracting opportunities for SDBs. The SBA certifies small businesses that meet specific social, economic, ownership, and control eligibility criteria. Once certified, the firm is added to an on-line registry of SDB-certified firms maintained in The Central Contractor Registry/PRO-Net (CCR/ PRO-Net). Certified firms remain on the list for three years. Contracting officers and large business prime contractors may search this on-line registry for potential suppliers. **Note: CERTI FI CATI ON FROM THE FEDERAL SMALL BUSINESS ADMINI STRATI ON ([SBA](#)) I S REQUI RED. I T I S AL SO [REQUI RED](#) I F I NCL UDED I N FEDERAL AGENCY AWARD FUNDI NG (i.e. NI H; CDC; etc.)**
- **Small Business Enterprise (SBE)** - an independently owned and operated concern; certified or certifiable as a small business by the Federal Small Business Administration (SBA). (A general rule of thumb is that a concern with not more than 500 employees may be considered small business. Size standards by Standard Industrial Classification codes may be found in the Federal Acquisition Regulations, Section 19.102. The University may rely on written representation by the vendors regarding their status.)
- **Women Owned Business Enterprise (WBE)** - a business that is at least fifty-one percent (51%) owned by a woman or women who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management. **Note: CERTI FI CATI ON FROM THE WOMENS BUSINESS ENTERPRI SE NATI ONAL COUNCI L ([WBENC](#)) I S STRONGLY RECOMMENDED.**
- **Minority Owned Business Enterprise (MBE)** - A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members. "Minority group members" are United States citizens who are Asian, Black, Hispanic and Native American. Ownership by minority individuals means the business is at least 51% owned by such individuals or, in the case of a publicly-owned business, at least 51% of the stock is owned by one or more such individuals. Further, the management and daily operations are controlled by those minority group members. **Note: CERTI FI CATI ON FROM THE NATI ONAL MI NORI TY SUPPLI ER DEVELOPMENT COUNCI L ([NMSDC](#)) I S STRONGLY RECOMMENDED.**
- **8(A) Program** - The SBA's 8(a) Program, named for a section of the Small Business Act, is a business development program created to help small disadvantaged businesses compete in the American economy and access the federal procurement market. The 8(a) Program offers a broad scope of assistance to socially and economically disadvantaged firms. Contacting the local SBA district office serving your area is the first step. An SBA representative will answer general questions over the telephone. Some district offices may also have 8(a) orientation workshops to provide additional information regarding the eligibility requirements and to review various SBA forms.
- **HUB Zone** - SBA's HUB Zone program is in line with the efforts to promote economic development and employment growth in distressed areas by providing access to more Federal contracting opportunities. To be eligible for the program, a concern must meet all of the following criteria: it must be a small business by SBA standards; it must be located in a "historically underutilized business zone (HUB Zone); it must be wholly owned and controlled by person(s) who are U.S. Citizens; at least 35% of its employees must reside in a HUB Zone. Existing businesses that choose to move to qualified areas are eligible. To fulfill the requirement that 35% of a HUB Zone firms employees reside in the HUB Zone, employees must live in a primary residence within that area for at least 180 days or be a currently registered voter in that area.



University of California
San Francisco

ACH Enrollment Form

Vendor Payment Electronic Funds Transfer Authorization

New Request
(Not available to individuals)

Account Change

Cancel

PAYEE/COMPANY INFORMATION		
Name		
Address		
City	State	Zip
Contact Name	Contact Telephone Number	
Business Email Address (To Send Payment Details)		

FINANCIAL INSTITUTION INFORMATION (MUST BE A BUSINESS ACCOUNT)		
Depository Institution Name		
Address		
City	State	Zip
Transit Routing Number (ABA) (9 Digits)	Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACH Format: CCD

IMPORTANT NOTE: The person signing the Authorization must be a designated officer from the Finance Department and a person other than the contact listed above.

AUTHORIZATION	
I hereby authorize the University of California San Francisco (UCSF) to initiate electronic transfer of funds to the account stated above using the National Automated Clearing House (NACHA) Cash Concentration or Disbursement (CCD) for settlement of invoices. If funds to which I, or the company I represent, am not entitled to be deposited in the account stated above, I authorize the University to initiate a correcting (debit) entry. This authorization will remain in effect until UCSF receives written notification of its termination. I understand payment details will be sent to the business email address provided above.	
Signature	Date
Print Name	Title

***** PLEASE ATTACH A VOIDED CHECK TO CONFIRM ACCOUNT INFORMATION *****

SUBMIT FORM AND VOIDED CHECK TO		
MAIL: UCSF CONTROLLER'S OFFICE C/O Vendor Relations Box 0812 San Francisco, CA 94143-0812	FAX: (415) 920-2504 Attn: Vendor Relations	EMAIL: vendors@ucsf.edu PHONE: (415) 476-2126