



BROWN

Supplier and Individual Payee Registration Form
Form questions: Email suppliermanagement@brown.edu

Required when doing business with Brown University. Governmental entities, federal, state & local need to submit this form and indicate their exempt status. Brown University collects this information in lieu of IRS form W-9 to prepare (Form 1099) returns and for withholding on payments to nonresident payees.

| Section 1: Business and Personal Information | | Remit to: |
|---|-------------|--|
| Person or Sole Proprietor - Enter full name here (Last, First): _____ | | Permanent Remittance (Required if different from Business Address): _____ |
| Legal Business Name and DBA Name (as applicable): _____ | | _____ |
| Permanent Business Address (number & street or P.O. Box) (Required): _____ | | City, State and Zip code: _____ |
| City, State and Zip code: _____ | | Email: _____ |
| Phone # _____ | Fax # _____ | Web Address: _____ |

| Section 2: Payee's Entity Type (Company or Person) Check One Box Only |
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| Companies Check appropriate box for federal tax classification: |
| <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate |
| <input type="checkbox"/> Limited liability company: Enter the tax classification (C=C corporation, S=S corporation, P=partnership) _____ |
| <input type="checkbox"/> Other (Please specify) _____ |

| Section 3: Primary Business |
|-----------------------------|
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| Section 4: Payee's Taxpayer I.D. Number (FEIN or SSN) Required in order to process payment |
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| Social Security number for individual/Sole Proprietor is requested by authority of the revenue and taxation code section 18646. |
| Federal Employer's Identification Number (FEIN) (Corp./Partnership): _____ |
| Social Security Number (SSN) (ITIN) - (Individual/Sole Proprietor): _____ |

| Section 5: Payee's Tax Residency Status |
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| Are you a United States Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your country of residency? _____ |

| Section 6: Business Information | |
|--|--|
| Business Size | Business Type |
| US SBA Certified? <input type="checkbox"/> Yes | <input type="checkbox"/> Women-owned (51% or more) |
| <input type="checkbox"/> No | <input type="checkbox"/> Minority-owned (51% or more) <input type="checkbox"/> Disabled |
| | <input type="checkbox"/> Veteran-owned (51% or more) <input type="checkbox"/> Disadvantage |

| Section 7: Certification and Required Signature |
|---|
| I hereby certify under penalty of perjury that the information provided is true and correct. Promptly inform the University of residency status changes. Individual or Authorized Company Representative Name (Type or Print) |
| Name: _____ Signature: _____ |
| Title: _____ Date: ____ / ____ / ____ |
| Phone: (____) _____ E-Mail: _____ |

Mail original to: Brown University, Insurance & Purchasing Services, Box 1845, Providence, RI 02912
Urgent Request: Fax to 401 863-5432