



For the protection of confidential information, please mail or fax the completed form to:

Purchasing Services
A1400 University Center
Tallahassee, FL 32306-2370
Fax: (850) 644-8921

For FSU Internal Use Only

OMNI Vendor ID: _____ TIN Match? ☐ Yes ☐ No
FSU Employee? ☐ Yes ☐ No If Yes, please get approval from Payroll Services.
Approved By (Payroll Services): _____ Date: _____
Approved By (VFMT): _____ Date: _____
Unique Document No. _____

General Instructions and Information

Please complete the following information. If you do not provide this information, your payments may be subject to 28% federal income tax backup withholding. **Both pages of vendor application must be completed. A complete vendor questionnaire must have been completed and submitted to Purchasing Services prior to completing this form.**

Handwritten forms will not be accepted.

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/bmanual/safeguard.html>.

If you are not a U.S. Citizen or permanent U.S resident, DO NOT complete this form. Contact FSU's Payroll Services Department at (850) 644-3813.

If you are a foreign entity, please refer to the IRS instructions and forms for foreign businesses (found [here](#)) and submit the correct IRS information. After completion of the required form, send the original, signed document to Purchasing Services.

Legal Name

Business Name (if different from above)

Street Address

City, State and Zip Code

Tax Status and Exemptions

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). The TIN entered must match the name given above. In order to avoid backup withholding, the TIN should also agree with IRS records.

☐ Social Security Number ☐ Employer Identification Number SSN/EIN DUNS#

Please select one of the following entity types. If "Other" is selected, please indicate the type of entity in the space provided.

- ☐ Individual / Sole Proprietor ☐ Corporation ☐ Tax-Exempt Organization (501-C)
☐ Partnership ☐ Limited Liability Company (LLC, LLS or LLD) ☐ Governmental Entity
☐ Association / Estate / Trust ☐ Other

If exempt from 1099 reporting, check the appropriate qualifying exemption reason below:

- ☐ Corporation - No exemption for legal/medical services or royalties ☐ Tax exempt charity under 501(a) or IRA
☐ The United States or any of its agencies ☐ A foreign government or any of its political subdivisions
☐ A state, District of Columbia, or possession of the United States or any of its political subdivisions

Supplemental Information

Select the appropriate description of services provided:

- ☐ Rents or Royalty payments; prizes and awards that are not services, such as winnings on TV or radio shows ☐ Payments to physicians, physicians' corporations, or other supplier of health and medical services
☐ Payments for services performed for a trade of business by people not treated as its employees ☐ Gross proceeds paid to attorneys
☐ Other:

Vendor Contact Information**Vendor Type**

- ☐ Individual - US Citizen or US Resident
- ☐ US Company - C-Corp, S-Corp, LLC, LLP, LC, LP
- ☐ Foreign Company (Classification Z)
- ☐ * Non-duty stipend recipient (Classification APST)
- ☐ * Research Participant (Classification APMS)

Main Business Contact

Telephone Number

Fax Number

Email Address

Federal, Small and/or Minority Status Information (Please check all that apply)**Federal Classification****State of Florida Certified Minority Business Enterprises (CMBE)**

- | | | | |
|--|--|---|---|
| <input type="radio"/> A. Large Business, Non-Minority Owned | <input type="radio"/> B. Small Business, Florida, Non-Minority Owned | <input type="radio"/> H. African American | <input type="radio"/> I. Hispanic |
| <input type="radio"/> C. Small Business, Non-Florida, Non-Minority Owned | <input type="radio"/> D. MBA, Federal | <input type="radio"/> J. Asian / Hawaiian | <input type="radio"/> K. Native American |
| <input type="radio"/> E. Governmental Entity | <input type="radio"/> F. Non-Profit Organization | <input type="radio"/> M. American Woman | <input type="radio"/> W. Service Disabled Veteran |
| <input type="radio"/> G. PRIDE | <input type="radio"/> Other | <input type="radio"/> Not Applicable | |

Non-Certified Minority Business Enterprises (NMBE)**Non-Profit Organization**

- | | | | |
|---|---|--|---|
| <input type="radio"/> N. African American | <input type="radio"/> O. Hispanic | <input type="radio"/> S. Minority Board of Directors | <input type="radio"/> T. Minority Employees |
| <input type="radio"/> P. Asian / Hawaiian | <input type="radio"/> Q. Native American | <input type="radio"/> U. Minority Community Served | <input type="radio"/> V. Other Non-Profit |
| <input type="radio"/> R. American Woman | <input type="radio"/> Y. Service Disabled Veteran | <input type="radio"/> Not Applicable | |
| <input type="radio"/> Not Applicable | | | |

A. 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.

B. To determine your Federal Small Business Size Standard, please access the US Small Business Administration's website: www.sba.gov/size.

C. To look up your North American Industry Classification System Code (NAICS), please access the US Census Bureau website: www.census.gov/ipeds/www/naics.html. 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 U.S. Department of Labor's website at: http://www.osha.gov/pls/imis/sic_manual.html

Payment Method Information (Please check all that apply)

Please select the payment method(s) your organization accepts:

☐ Check ☐ Visa Card ☐ PayMode X ☐ ePayables ☐ Direct Deposit ☐ Other:

Certification**Under the penalties of perjury, I certify that:**

- The information supplied herein, including all attachments, is correct to the best of my knowledge, and
- 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
- 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
- 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
- I am not subject to backup withholding because:
 - I am exempt from backup withholding, or
 - 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
 - the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. Person, including a U.S. resident alien.

Signature of Authorized Person with Vendor

Name and Title of Authorized Person with Vendor

Date

Telephone Number

Email Address

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