

# Instructions for Completing the Vendor Information Form

## U of I Department:

Complete the "UI Department Requesting Information" section prior to sending form to the vendor. Forms without this section completed will not be processed.

## Vendor:

### Step 1 -- Complete the form

You may use this form in two ways:

- Enter your information (Start with Section 1 - Tax Information). Print, sign and submit the form to the address below.

OR

- Print the form, complete with your information(Start with Section 1 -Tax Information), sign and submit to the appropriate address below.

### Step 2 -- Submit the Form

To help ensure the security of your tax identification information, return this form directly to:

Mail: Vendor Maintenance Section  
Illini Plaza Bldg, Suite 210, MC-660  
1817 S. Neil Street  
Champaign, IL 61820

Fax: (217) 239-6850  
You do not need to mail a hardcopy.

**Documents must be signed and dated.**

### UI Department Requesting Information

Today's Date \_\_\_\_\_

New Vendor     Update Existing Vendor

U of I Department name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Campus     Chicago     Springfield     Urbana/Champaign

Transaction     Purchase Order     Invoice Voucher

Add to iBuy     Yes     No

Types of Goods and Services Provided

Goods     Services     Attorney     Royalties     Medical

Other    Please Describe: \_\_\_\_\_

### Vendor Information Form

This form **must** be completed prior to receiving payment from the University of Illinois.  
If you need help, e-mail us at [uivendor@uillinois.edu](mailto:uivendor@uillinois.edu) or phone 217-333-6583.

Vendors please complete the information in steps 1 through 3:

#### Step 1 -- Tax information

**Name of Individual or Business Name** (if sole proprietor, please list name of owner and name of business.)

\_\_\_\_\_

If completing form as an Individual, provide birth date: \_\_\_\_\_

Parent Company Name (if different than above)

\_\_\_\_\_

Taxpayer Identification Number (TIN)

Enter Social Security Number or Employer ID Number/FEIN \_\_\_\_\_

Please mark all boxes that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Individual                  | <input type="checkbox"/> Corporation/Incorporated (TC)  | <input type="checkbox"/> Gov Entity (TG)          |
| <input type="checkbox"/> Sole Proprietor             | <input type="checkbox"/> Med Health Care Srcs Prov (TM) | <input type="checkbox"/> Not-for-Profit Corp (TN) |
| <input type="checkbox"/> LLC Sole Proprietor (TL/TI) | <input type="checkbox"/> Real Estate Agent (TR)         | <input type="checkbox"/> Tax Exempt Org (TE)      |
| <input type="checkbox"/> LLC Partnership (TL/TP)     | <input type="checkbox"/> Attorney (AT)                  | <input type="checkbox"/> Foreign Vendor (VF)      |
| <input type="checkbox"/> LLC Corporation (TL/TC)     | <input type="checkbox"/> Partnership (TP)               | <input type="checkbox"/> Trust or Estate (TT)     |

## Permanent Residence/Corporate Office Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## Payment Address (if different from above)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_


## Purchase Order Address (if different from above)

Address \_\_\_\_\_




City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## Individuals: Please check the appropriate classification.

- U.S. Citizen     US Permanent Resident     Resident Alien for Tax Purposes     Non-Resident Alien 
- Resident Aliens must provide a copy of their Permanent Resident Card when submitting this form.**    **Non-Resident Aliens are not required to certify in Step 3, but must attach W-8BEN.**

## Businesses: Please check the appropriate classification.

- U.S. Company     Foreign Vendor with US Presence      Foreign Vendor  
- Foreign Vendors with US Presence are not required to certify in Step 3, but must attach W-8ECI.**    **Foreign Vendors are not required to certify in Step 3, but must attach W-8BEN-E or W-8EXP as appropriate.**

## Types of Goods and Services Provided

- Goods     Services     Attorney     Royalties     Medical
- Other    Please Describe: \_\_\_\_\_

## Step 2 -- Type of Operation (optional, check all that apply)

### Diverse Business

- African American (CA)     Asian American (CM)     Female (CW)
- Hispanic American (CH)     Alaskan Native/Native American (CN)     Veteran (CV)
- Disabled (CD)

### Small Business

- Small business (B2)     Small disadvantage business (CE)
- Women-owned small business (CF)     Veteran-owned small business (CG)
- HUBZone small business (CZ)     Service-disabled veteran-owned small business (CS)

## Certifying Organization

- DCMS (Department of Central Management Services) Business Enterprise Program (C2)
- CMBDC (Chicago Minority Business Development Council) (C3)\*
- IDOT (Illinois Department of Transportation) (C4)\*
- WBDC (Women's Business Development Center) (C5)\*
- Other (Please specify): \_\_\_\_\_

\* Please provide letter of certification from certifying agency when submitting this form.

## Step 3 -- Certification and Signature

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number 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. person (including a U. S. resident alien).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with the University of Illinois is currently Subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U. S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following websites: [System for Award Management](#) and [State of Illinois Healthcare and Family Services Office of Inspector General](#). University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of this form.

## Vendor Signature (This form is not considered valid unless signed and dated)

Signature of U.S. Person: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

## Vendor Information Form Additional Instructions

The University is required by Federal Law to report such payments along with SSN/FEIN to Federal and State Agencies on forms required by law. The University will not disclose a recipient's SSN or FEIN without the consent of the recipient to anyone outside the University except as mandated by law. Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax withholding. If you do not provide us with information, you may be subject to a \$50 penalty imposed by IRS under section 6723. If you make a false settlement with no reasonable basis that results in no backup withholding, you are subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

### W-9 Taxpayer Information

- \* If you use a SSN, the IRS requires that you include the name of the individual whose SSN has been entered.
- \* Non-profit organizations and government agencies should list your Taxpayer Identification Number as recorded with the IRS.
- \* Sole Proprietors: Must enter your individual name (as shown on your Social Security card) on the Name of Individual or Business Name line as well as your business or "doing business as" name on the Business Name line. For the Taxpayer Identification Number, enter either your Social Security Number or the Federal Employer Identification Number of the business.
- \* Business Name: Enter the name of the entity as it is listed with the IRS on the Form SS-4, Application for Employer Identification Number. This name should be consistent with the name used on your tax returns.
- \* Foreign companies should complete the appropriate W8 and submit along with the Vendor Information Form to the Vendor Maintenance Department.
- \* Foreign individuals should complete the W8BEN and return it directly to the University Department Contact listed at the top of this form.

This page will display the blue question mark helps only when printed.

### Resident Alien

Resident Aliens must provide a copy of their Permanent Resident Card when submitting this form.

### Non-Resident Alien

Non-Resident Aliens are not required to certify in Part IV, but must attach W-8BEN.

### Foreign Vendors with US Presence

Foreign Vendors with US Presence are not required to certify in Part IV, but must attach W-8ECI.

### Foreign Vendors

Foreign Vendors are not required to certify in Part IV, but must attach W-8BEN or W-8EXP as appropriate.

### Diverse Business

You are considered a diverse business if you meet the following criteria:

- At least 51 percent owned and controlled by persons who are minority, women or designated as disabled.
- Must be a United States Citizen or Resident Alien
- Average annual gross sales over the last three tax years must be under \$31.4 million

### Small Business

You are considered a small business if you meet the following criteria:

- An Illinois business
- Annual gross sales:
  - Retail/Service less than \$6 Million
  - Wholesale less than \$10 million
  - Construction less than \$10 Million
  - Manufacturing less than \$10 Million and less than 250 employees