

# Instructions for Completing the Vendor Information Form

## (Paper and Adobe Sign)

### U of I Department:

If using Adobe Sign - you need to provide this information to the vendor.

If using mail - complete the "UI Department Requesting Information" section online prior to printing.

Forms without this section completed will not be processed.

### Vendor:

#### Step 1 -- Complete the form

If using Adobe Sign – Enter the information provided to you in the “UI Department Requesting Information” section. Continue to complete the form with your information.

Otherwise, start with Step 1 – Tax Information and complete with your information.

Sign and submit to the appropriate address below or submit via Adobe Sign.

#### Step 2 -- Submit the Form

To help ensure the security of your tax identification information submitted this form via one of the two options below:

\*Instructions from Adobe Sign

\*Mail this form directly to:

Vendor Maintenance Section  
1817 S. Neil Street, Suite 210, MC-660  
Champaign, IL 61820

Note: If you submit through Adobe Sign you do NOT need to mail a hardcopy.

**Documents must be signed and dated.**

## UI Department Requesting Information

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

U of I Department name Child Care Resource Service

Contact Person Brenda Eastham

Phone Number 217-244-7727

Email bkellis@illinois.edu

University ☐ Chicago ☐ Springfield ☒ Urbana/Champaign

Transaction ☐ Purchase Order ☐ TEM

Add to iBuy ☐ Yes ☐ No

☐ New Vendor ☐ Update Existing Vendor - Vendor ID \_\_\_\_\_

Types of Good and Services Provided

☐ Goods ☐ Services ☐ Attorney ☐ Royalties ☐ Medical

☒ Other Please describe: Reimbursement

## Vendor Information Form

The Vendor Information Form is the University of Illinois substitute for the Federal W9 form and is considered a legal document. Forms must be completed and signed by the individual/entity to receive payment.

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 4:

Additional form information and explanations at end of the form.

### 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: \_\_\_\_\_

#### Taxpayer Identification Number

Enter Social Security Number (SSN), Federal Employer ID Number (FEIN) or Individual Taxpayer Identification Number (ITIN) if applicable, associated with the above name: \_\_\_\_\_

Is this business a disregarded entity for tax purposes? ☐ Yes ☐ No

Enter Social Security Number (SSN), Federal Employer ID Number (FEIN) or Individual Taxpayer Identification Number (ITIN) if applicable, used for federal tax reporting purposes: \_\_\_\_\_

Parent Company Name (if different than above): \_\_\_\_\_

Please mark all boxes that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Individual                  | <input type="checkbox"/> Corporation/Incorporated (TC)        | <input type="checkbox"/> Med Health Care Services Provider (TM) |
| <input type="checkbox"/> Sole Proprietor (TI)        | <input type="checkbox"/> Corporation LLC (TL/TC)              | <input type="checkbox"/> Real Estate Agent (TR)                 |
| <input type="checkbox"/> Sole Proprietor LLC (TL/TI) | <input type="checkbox"/> Government Entity (TG)               | <input type="checkbox"/> Attorney (AT)                          |
| <input type="checkbox"/> Partnership (TP)            | <input type="checkbox"/> Not-for-Profit Corporation (TN)      | <input type="checkbox"/> Trust or Estate (TT)                   |
| <input type="checkbox"/> LLC Partnership (TL/TP)     | <input type="checkbox"/> S-Corp/Solely Owned Corporation (TC) | <input type="checkbox"/> Tax Exempt Organization (TE)           |

## Exemptions (if Applicable) - Instructions click [Here](#)

Exempt payee code(s) (List all that apply separated by commas) \_\_\_\_\_

Exempt from FATCA Reporting code(s) (List all that apply separated by commas) \_\_\_\_\_

## Individuals: Please check the appropriate classification.

☐ U.S. Citizen

☐ US Permanent Resident\*

\*Provide a copy of Permanent Resident Card with this form

☐ Resident Alien for Tax Purposes

☐ Non-Resident Alien\*\*

\*\*Must attach a [W-8BEN](#)

## Businesses: Select Appropriate Classification

☐ U.S. Company

☐ Foreign Vendor with US Presence\*

\*Must attach form: [W-8ECI](#)

☐ Foreign Vendor\*\*

\*\*Must attach [W-8BEN](#) (sole proprietors), [W-8BEN-E](#), or [W-8EXP](#) as appropriate.

## Permanent Residence/Corporate Office Address

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Payment Address (if different than above)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Purchase Order Address (if different than above)

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

How would you prefer to receive electronic Purchase orders? ☐ E-Mail ☐ Fax

## 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

☐ American Indian or Alaska Native (CN)

☐ Asian American (CM)

☐ Black or African American (CA)

☐ Hispanic or Latino (CH)

☐ Native Hawaiian or Pacific Islander (CP)

☐ Disabled (CD)

☐ Female (CW)

☐ Sheltered Workshop (CR)

## Certifying Organization (if applicable- Provide letter(s) of certification from certifying agency with this form

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

## Small Business - check all that apply

Is your business considered a Small Business with the State of Illinois? (B2) ☐ Yes ☐ No

Is your business considered a small business with the Federal Government Small Business Administration (SBA)? ☐ Yes ☐ No

- ☐ 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)

## Veteran Business - check all that apply

- ☐ Veteran-owned small business/VOSB (CG)
- ☐ Service-disabled veteran-owned small business/SDVOSB (CS)

## Step 3 – Accounts Receivable Contact and Payment Options

Please provide the following information for an Accounts Receivable representative

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

The University of Illinois is proud to offer two different electronic payment methods to choose from: (Please Check One of the Boxes)

How would you like to receive your payments from the University? (Leave blank if you prefer to receive a paper check)

- ☐ ePayables Virtual Credit Card or ☐ ACH (direct deposit) **Must have a United States bank account for ACH**
- An ePayables transaction is an electronic payment that is sent directly to your virtual credit card, along with a payment notification email and remittance advice details from the email you provide to the program. You then pull the funds off the card. A small processing fee is charged to your card from your card processor.
  - An ACH transaction (direct deposit), is an electronic payment that is sent directly to your bank account. Please work with your bank to verify that you can receive the remittance advice. We send a standardized ANSI 820CTX EDI format.

To be enrolled in the ACH program, you MUST have a US bank account. A separate ePayables or ACH Agreement will be required to receive electronic payments. An Electronic Payments Business Associate will contact you to setup your desired payment method. However, please feel free to contact them for any questions regarding these two payment options. You can reach them at [uiepayments@uillinois.edu](mailto:uiepayments@uillinois.edu) or 217-300-5769.

## Step 4 -- Certification and Signature

☐ **For US based:**

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 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.

☐ **For Non-US:**

I certify that the information provided in this form is true, correct, and complete. I understand that any misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by applicable law.

## Vendor Signature - This form is NOT valid unless signed and dated

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## 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:** 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:** Complete the appropriate W-8 and submit with the Vendor Information Form to the Vendor Maintenance Department
- \* **Foreign individuals:** Complete the [W-8BEN Form](#) and return it directly to the University Department Contact listed at the top of this form.

**Resident Aliens:** Provide a copy of your Permanent Resident Card when submitting this form.

**Non-Resident Alien:** Attach [W-8BEN Form](#) - [W-8BEN Instructions](#)

**Foreign Vendors with US Presence:** Attach [W-8ECI Form](#) - [W-8ECI Instructions](#)

**Foreign Vendors:** Attach appropriate W-8 form linked below.

[W-8BEN Form](#) - [W-8BEN Instructions](#)

[W-8BEN-E Form](#) - [W-8BEN-E Instructions](#)

[W-8EXP Form](#) - [W-8EXP Instructions](#)

**Disregarded Entity:** A business entity that is separate from its owner, but which elects to be disregarded from the business owner for federal tax purposes.

### 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, female, or persons with a disability.
- Must be a United States Citizen or Lawful Permanent Resident
- Average annual gross sales of less than \$75 million Small Business

### 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
- Veteran Business

### Veteran Business

You are considered a veteran business if you meet the following criteria

- Home office must be located in Illinois
- Annual gross sales must be under \$75 million
- At least 51 percent owned and controlled by Veteran-owned small business (VOSB) or Service-disabled veteran-owned small business (SDVOSB) living in Illinois