

**Part I Taxpayer Information**

Name (Must match IRS records—this name must match the Taxpayer Identification Number below)

Business Name, if different from above. (Doing Business As)

Check one  U.S. Citizen  Non-Resident Alien/Foreign Entity  
 Resident Alien or Permanent Resident

Check appropriate box(s)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Not For Profit	Check as many as apply	<input type="checkbox"/> Medical Service Provider
	<input type="checkbox"/> Partnership		<input type="checkbox"/> Government		<input type="checkbox"/> Lawyer/ Attorney
	<input type="checkbox"/> LLC <b>If yes, choose tax classification below:</b>				
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Disregarded Entity		

Address (Number, street, and apt or suite number) Fax Number

City, State, and Zip Code Email Address

Area code and phone number Web Address

**Part II Taxpayer Identification Number (TIN)**

Enter your TIN in the box provided. For individuals, this is your Social Security number (SSN). However, for a resident alien see page 2 of the IRS form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" on page 2 of the IRS form W-9. IRS form W-9: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Taxpayer Identification Number

**Part III Taxpayer Information**

The undersigned certifies that the above named company maintains a business classification as indicated below. Further, it is understood and agreed that misrepresentation of the supplier's business classification is subject to penalties as prescribed in FAR Clause 52.219.1, "Small Business Program Representations."

Type of Business  Small  Large  Historically Black Colleges & Universities  Alaska Native Corporation/Indian Tribe (Large/Non Certified as SDB)

Subcategories of Small Business (the company is at least 51% owned, controlled, actively managed by). Check all that apply:

Type of Business  Small Disadvantaged Business  Woman Owned  Veteran Owned  HUBZone  Service-Disabled Veteran Owned  Minority Owned

Is your company listed on the US Government Excluded Parties List System?  Yes  No

Indicate if a University of Michigan employee is any of the following in your company:  Stockholder  Director  Member  Partner  Employee  Joint Venture

Delivery of Purchase order will be fax unless otherwise noted:  Fax:  Email address:  Mail

Primary NAICS Code: Dun & Bradstreet No:

Remit To Address that appears on your invoice:	<b>Requester's name and address</b> The University of Michigan, Accounts Payable 7071 Wolverine Tower 1282, 3003 S. State Street Ann Arbor, MI 48109-1282
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**Part IV Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- 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.

**Certification Instructions.** – You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification but you must provide your correct TIN.

Sign Here Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_