



UNIVERSITY OF SOUTH CAROLINA

Supplier Information Form

The information obtained in this form along with the IRS W-9 are used to establish you as a Supplier for the University of South Carolina. All information is needed as a part of our new Supplier File Set Up. If you have any questions with any of the information on this form, please contact Ms. Heidi DiFranco, heidid@usca.edu or (803)641-3397.

Section I: Supplier Identification Information:

Legal Name: _____

Trade or Doing Business As Name: _____

Federal Identification: _____

Email Address: _____

Telephone: _____

Fax: _____

Section II: Business Status Information:

YES NO

Small *Determine your size status at www.sba.gov/content/table-small-business-size-standards**

Woman Owned *Entity must be at least 51% woman owned.*

Disadvantaged Business Enterprise (DBE)

Veteran Owned Small Business (VOSB) *Entity must be at least 51% U.S. veteran owned.*

Service Disabled VOSB *Any Service Disabled VOSB is also a VOSB.*

African American Owned †

Hispanic American Owned † *† Third-party certification required. Fax certificates to Ms. Anita Thatch at (803) 777-2032.*

Native American Owned †

Asian Pacific American Owned †

Asian Indian American Owned †

Alaska Native Corporation †

Small Disadvantaged Business †

8 (a) Program †

HUBZone Program †

Supplier Diversity Contact Information:

Name: _____

Email: _____

Telephone: _____

Section III: Contact Information

ORDER Specific Contact Information:
Please complete this section for [Order Specific Contact Information](#)

Order Contact Name: _____

Ordering Address: _____

City, State, & Zip _____

Order Telephone: _____

Order Email Address: _____

REMITTANCE Specific Contact Information:
Please complete this section for [Remittance Specific Contact Information](#)

Remittance Contact Name: _____

Remittanc Address: _____

City, State, & Zip _____

Remittance Telephone: _____

RemittanceEmail Address: _____

Section IV: Signature and Certification

I certify that all information submitted in this form is accurate and in accordance with U.S.C. 645(d). Any person who misrepresents a firm's proper size could be punished by imposition of a fine, imprisonment, or both and ineligible to participate in programs conducted by the Small Business Act of the United States.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. 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 3.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above 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 transactions, 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. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



UNIVERSITY OF SOUTH CAROLINA

ACH Authorization Agreement and Enrollment for Direct Deposit and Remittance Advice

Mail To:

**University of South Carolina
Controller's Office
1600 Hampton Street
Columbia, SC 29208**

Please complete this form and attach a voided check or deposit slip to validate the account information. Mail this form to address to the left. If you have any questions or need assistance with this form, please call the University of South Carolina's Controller's Office at (803) 777-2123.

DO NOT EMAIL THIS FORM

Personal information should not be sent through email

Apply ACH Payment to All Vendor / Payee Locations (Based on the Same Tax Id) ?
Yes No

Vendor / Payee Federal Tax Identification Number

Vendor / Payee Name (as shown on the Bank Account)

Vendor / Payee Address

ACH Contact Name

ACH Contact Telephone Number (Include Area Code)

Vendor / Payee City

State

Zip Code

ACH Contact Email

Financial Institution Name

Financial Institution Address

Type of Account

Checking

Savings

ABA Routing & Transit Number

Financial Institution City

State

Zip Code

Depositor Account Number

ACH Format (Default is CTX)

CTX

CCD+

CCD

PPD+

PPD

Send Remittance Advice via Email ?

Yes

No

Additional Remittance Email Address

Additional Remittance Email Address

By signing this form, I authorize the University of South to initiate electronic credit entries to a checking or a savings account indicated below at the financial institution identified below. I understand that payments and reimbursements **may** be made by the University of South Carolina, to me or the vendor I represent and **only to the one bank account indicated**. In the event of overpayment to this bank account, I authorize the University of South Carolina to make an adjusting debit entry to the account up to the amount of the overpayment. I may revoke or cancel this authorization and enrollment by notifying the University of South Carolina Controller's Office in writing at least fifteen (15) days prior to termination. **Any change** to the bank account or to a new financial institution will require a **new ACH Authorization and Enrollment Form**. Failure to notify the University of South Carolina Controller's Office of an account change will delay payment.

Signature of Authorized Official

Signature
Date

Print or Type Authorized Official's Name

Telephone
Number