BRANDEIS UNIVERSITY
W-9 / VENDOR CERTIFICATION FORM
PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

Purchasing Department • MS 048 • Waltham, MA 02454
Phone: (781) 736-4500 • Fax (781) 736-4503 • Accounts Payable Phone (781) 736- 4483

GENERAL INFORMATION

LEGAL NAME

IF DIFFERENT FROM ABOVE, NAME YOU ARE "DOING BUSINESS AS"

SHOULD CHECKS BE MADE PAYABLE TO (please check one)**:** **DBA NAME** ☐ **OR LEGAL NAME** ☐

TAXPAYER IDENTIFICATION NUMBER

PLEASE ENTER YOUR TIN IN THE APPROPRIATE BOX. (FOR INDIVIDUALS, THIS IS YOUR SOCIAL SECURITY NUMBER)

SOCIAL SECURITY NUMBER ☐☐☐ - ☐☐ - ☐☐☐☐ **OR** **EMPLOYER IDENTIFICATION NUMBER** ☐☐ - ☐☐☐☐☐☐☐

DUNS NUMBER: ☐☐☐☐☐☐☐☐☐

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 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 US person (including a US resident alien).

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____

PLEASE CHECK APPROPRIATE BOX:

☐ **INDIVIDUAL/SOLE PROPRIETOR** ☐ **CORPORATION**

☐ **PARTNERSHIP** ☐ **OTHER** _____

BRANDEIS UNIVERSITY PAYMENT TERMS ARE NET 30, PLEASE LIST IF YOU OFFER DISCOUNT TERMS

DISCOUNT PAYMENT TERMS:_____

ADDRESS

ORDER FROM

_____

_____

_____

_____

CITY **STATE** **ZIPCODE**

REMIT TO

_____

_____

_____

_____

CITY **STATE** **ZIPCODE**

PHONE # ( ) _____ **FAX #** ( ) _____

Toll Free # ( )

SPECIAL CLASSIFICATION

PLEASE CHECK APPROPRIATE BOX(ES), IF APPLICABLE

☐ **MINORITY OWNED** ☐ **SMALL BUSINESS** ☐ **WOMAN OWNED**