



VENDOR DATABASE (SUBSTITUTE W9) ADDITION FORM

The University of Kentucky requires a Federal Tax Identification Number or Social Security number for all vendors doing business with the University in order to comply with Federal Regulations and tax reporting requirements.

Are you a UK employee? Yes [] No []

If you are a University of Kentucky employee, please only complete the small box below and sign the form.

Return to the UK Purchasing Office:

FAX: Vendor File @ 859-257-1951

E-mail: jreed@uky.edu

TO BE COMPLETED FOR UK EMPLOYEES ONLY

Printed Name: _____ (sign form below)

UK Personnel #: _____

How to find UK Personnel #: http://www.uky.edu/Purchasing/docs/qrc_perner.pdf

Please type or print legibly.

COMPANY NAME AND ADDRESS:

* required fields

Table with 2 columns and 5 rows for company name and address information, including fields for Name of Firm, Address, City, State, Zip, Phone Number, Fax Number, Federal Tax ID Number, DUNS Number, and Social Security Number.

- Federal Tax ID Number (box 1) – This field must be completed if “Name of Firm” is a company name.
• DUNS (Dun & Bradstreet) Number (box 2) – This field must be completed if you have a DUNS #. Provide 9-digit zip code of Company/Corporate Headquarters if DUNS number not available. This is required.
• Social Security Number (box 3) – This field must be completed if “Name of Firm” is an individual's name.

REMITTANCE ADDRESS: (if different from above)

Table with 2 columns and 4 rows for remittance address information, including fields for Make Checks Payable To, Name on Invoice, Payment Address, Phone Number, Fax Number, City, State, Zip, and Payment Terms.

Business Classification (check all that apply) *

Grid of checkboxes for business classification: (S) Small Business, (W) Woman Owned Business, (N) Minority Owned Business, (M) Medical Services Provider, (A) Attorney.

Check the appropriate box for Federal Tax Classification; check only one box.

Row of checkboxes for federal tax classification: Partnership, C Corporation, S Corporation, Individual/Sole Proprietor or Single-Member LLC, Limited Liability Company.

Signature _____

Date _____

