


Return to Procurement and Contract Services Ph: (928) 776-2190 procurement@yc.edu	 Yavapai County Community College District Substitute W-9 & Supplier Authorization Form	DO NOT SEND TO IRS				
▶ TAXPAYER IDENTIFICATION NUMBER (TIN):		Employer Identification Number (EIN) Social Security Number (SSN)				
▶ BUSINESS LEGAL NAME & DBA if applicable: (must match TIN above)						
Do you collect Sales Tax on behalf of the State of Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "Yes" please provide Arizona License#:		Sales/use tax rate charged: % DUNS#:				
▶ REMIT TO ADDRESS:						
NAME:						
ADDRESS:						
ADDRESS LINE 2:						
CITY:	STATE:	ZIP:				
PHONE:	FAX:	E-MAIL:				
▶ PROCUREMENT ADDRESS – PO will be e-mailed to supplier if information is provided						
CONTACT NAME:						
ADDRESS:						
CITY:	STATE:	ZIP:				
PHONE:	FAX:	WEBSITE:				
▶ Check appropriate box for federal tax classification; check only ONE of the following seven boxes. See IRS Form W-9 for instructions https://www.irs.gov/pub/irs-pdf/fw9.pdf.						
<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"/> Other	Exemption (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶					Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
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.						
▶ FEDERAL SUPPLIER TYPE – Please check all that apply						
<input type="checkbox"/> Service Disabled Veteran Owned (VD)		<input type="checkbox"/> Small Disadvantaged (SD)			<input type="checkbox"/> Women Owned (WO)	
<input type="checkbox"/> Veteran Owned (VO)		<input type="checkbox"/> Minority Institution (MI)			<input type="checkbox"/> HUB Zone (HZ)	
▶ CERTIFICATION						
Under penalties of perjury, I certify that:						
<ol style="list-style-type: none"> 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), 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 I am no longer subject to backup withholding, 3. I am a U.S. person (including a resident alien). 						
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. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.						
Signature of U.S. Individual:				Date:		