Effective Date: 01/01/2012



CU W-9 and Vendor Authorization (CUW9)

Page 1 of 2

Purpose:

Used to establish or update a vendor account with the University of Colorado (CU). This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications for Federal procurement reporting and claims for exemption, and CU requirements for vendor establishment. *International individuals/entities should instead complete the appropriate W-8 form:*https://www.cu.edu/psc/forms/quick-qlance/w-8.html.

Return to CU.
Do not send to
IRS.

nups://www.cu.equ/psc/roms/quick-giance/w-o.num.												
CU Contact Information To be completed by CU department prior to sending to vendor												
Name: Iris Rumbley				Er	nail Address:	iris.rumbley@colorado.edu			ı			
Campus & Department: Boulder, Student Recreation Center			Ca	mpus Phone:	303-492-148	2						
Vendor Name and Information												
Legal Name: DBA (Business) Name, if different:												
☐ Employer Identification Number (EIN) <u>or</u> ☐ Social Security Number (SSN) Taxpayer Identification Number:												
Entity Ty	/pe Indiv	vidual	Corporation		Partr	nership		Non-profit				
(check or	ne): Sole	Proprietor	LLC		LLP			Other - Explain	:			
Vendor Contact Name: Phone:							Fax:					
Legal Mailing Address	Line 1	:										
	Line 2	:										
	City, State, Zip	:										
	Email Address	:										
Ordering Address, if different than Legal		Method to I	Receive Orders:	Email		Fax						
	Line 1	:										
	Line 2	:										
derin 'feren	City, State, Zip	:							Р	hone:		
Orc if dif	Email Address	:								Fax:		
Remit To Address, if different than Legal	Line 1	:										
	Line 2	:										
t To Ad ifferent i Legal	City, State, Zip	:							P	hone:		
Remit if di	Email Address	:						Payment Terr	ns:			•
	lf 'Individu	al' ontity s	oloctod abovo:					All othe	or vond	ore:		
If 'Individual' entity selected, above: Complete both pages of this 2-page form. Remember to sign and date												
Page 1 of this 2-page form is required. Sign and date the Certifications the Certifications section, below Failure to complete all sections could												
section, below, and submit as instructed on the bottom of this page. result in payment delays.												
Certifications												
	es of perjury, I certify by	0 0										
٠, /	nber shown on this form subject to backup withh	•	xpayer identification nun	nber (or I am w	aiting fo	or a num	ber to be issued	to me), and				
(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,												
(c) the IKS has hotilied the that rain ho longer subject to backup withholding, and, (3) I am a U.S. citizen or other U.S. person.												
Furthermore, I understand that any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, women-owned, or Veteran or Service-Disabled Veteran-Owned Small Business concern in order to obtain a contract awarded under the Small Business Act shall:												
(1) be punished by imposition of fine, imprisonment, or both;												
. ,		•	suspension and debarme ted under the Authority of									
(o) so mongil			and and are radionly	2. 410 7 101.					.			
Signature:								Date:				

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Page 2 of 2

Legal Name:		DBA (Business) Name, if different:						
	Business Classification	a & Diversity Information						
	For additional descriptions, see: https://www.cu.ed	u/psc/purchasing/smallbusiness_definitions.htm						
All vendors (except those choosing 'Individual' on Page 1) must select either "Large Business Concern" (LBC) or "Small Business Concern" (SBC) from the options below. Additionally, all vendors should select any sub-classifications that apply; multiple sub-classifications may be appropriate. Failure to complete this section of the CU W-9 could result in payment delays.								
Large Busine	ess Concern (LBC)	or Small Business Concern (SBC)						
Dominant in fiel (FAC 9.201).	ld of operations per Federal Acquisitions Circular	Independently owned and operated, and meets industry size and receipt requirements for small businesses per SBA 13 CFR 121. Section 3 of the Small Business Act.						
Sub-classification	ons: (select all that apply)	Sub-classifications: (select all that apply)						
Minority-O	wned Business Enterprise (MBE)	Small Disadvantaged Business (SDB)						
minority indiv. • African Ame • Asian-Pacifi • Native Ame	•	Minimum 51% owned, controlled and operated day-to-day by one or more socially disadvantaged individuals. May be Section 8(a)-certified per 13 CFR 124.1002. Small Disadvantaged Ethnicity definitions include the following categories: • African American • Asian-Pacific American • Native American (American Indian, Eskimo, Aleut, Native Hawaiian)						
	% owned and controlled by one or more women who have	□ W 0 10 HB : (WOSE)						
	ement in day-to-day operations.	Woman-Owned Small Business (WOSB) Minimum 51% owned, controlled and operated day-to-day by one or						
		 ☐ Historically Black Colleges/Universities & Minority Institutions An institution determined by the Secretary of Education to meet the requirements of 34 CFR Section 608.2. The term also means any nonprofit research institution that was an integral part of such a college or university before November 14, 1986. ☐ HUBZone Small Business (HUB Zone) SBA certified; is small and is located in an 'historically underutilized business zone' and is owned, controlled and operated at least 51% by U.S. citizens and at least 35% of employees reside in HUB zone. 						
		Veteran-Owned Small Business (VOSB) Minimum 51% owned, controlled and operated day-to-day by one or						
		more U.S. veterans.						
		Service-Disabled Veteran-Owned Small Business (SDVOSB)						
		Minimum 51% owned by one or more service-disabled veterans (if publicly owned, minimum 51% of the stock is owned by one or more service-disabled veterans), and the management and daily business operations of which are controlled by one or more service-disabled veterans (if permanently and severely disabled, by their spouse or primary care giver).						
		Alaskan Native Corporations (ANCs) & Indian Tribes						
	Remember to sign and date the Certificat	ions section on Page 1 before submission!						