

SUPPLIER INFORMATION / SUBSTITUTE W9

PURPOSE: Information contained in this form will be used by University of San Diego to prepare Information Returns (Form 1099 Misc. or 1042S) and for withholding on payments to CA nonresidents reported on form CA592. Prompt return of this fully completed form will prevent delays when processing payments. An IRS W-9 Form may NOT be substituted in lieu of this form.

<input type="checkbox"/> NEW - Oracle Supplier Number:	<input type="checkbox"/> CHANGE		
Section 1 – Name and Address			
<i>Name as shown on income tax return of: Individual, Business, or if a Sole Proprietor Business enter owner's Full Name (Last, First, MI): Doing Business as name (DBA) - Checks will be made to this person</i>			
Name:	Contact (if other than payee):		
Address (Street/City/State/Zip code):			
Remit to Address (if different than above):			
Telephone #:	Fax #:		
Email Address (required for ACH Payment):			
Section 2 – Supplier's Federal Tax Classification & Ownership Information			
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> S - Corporation	<input type="checkbox"/> C - Corporation
<input type="checkbox"/> Medical Corporation	<input type="checkbox"/> Exempt Organization (Not for Profit)		<input type="checkbox"/> Estate or Trust
<input type="checkbox"/> Limited Liability Company:	<input type="checkbox"/> C= C corporation	<input type="checkbox"/> S=S corporation	<input type="checkbox"/> P= partnership
<i>(Check All Boxes that Apply)</i>			
<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Small Business	<input type="checkbox"/> Service Disabled /Veteran Owned	<input type="checkbox"/> Veteran Owned <input type="checkbox"/> Women Owned
<input type="checkbox"/> African American	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Other:			
Section 3 – Supplier's Taxpayer ID Number			
<i>Social Security Number (SSN) or Federal Employer Identification Number (FEIN) must be on file for ALL suppliers receiving payments from University of San Diego.</i>			
SSN or TIN:		EIN:	
Section 4 – ACH Information/Method of Payment - Complete bank information ONLY if you are selecting payment method of ACH			
Name on Acct:	Bank ID/Routing#:	Bank Account#:	
Section 5 – Supplier's Residency Declaration for Tax Purposes			
<i>All payments made by the University are subject to Federal and/or California State Tax Withholding Status (see page 2)</i>			
<input type="checkbox"/> I am a U.S. Citizen or U.S. Person - a U.S. person defined for U.S. tax purposes is a Partnership, Corporation, Company, or Association created or organized in the United States or under the laws of the United States; An estate; or a domestic trust			
<input type="checkbox"/> I am a Permanent Resident Alien and I have a Green Card - (Attach a copy of documentation)			
<input type="checkbox"/> I am not a US Citizen/Business and I do not have a Permanent Resident Green Card. Payments may be subject to Federal tax withholding. Contact Payroll for a list of required documents to determine if you are eligible to work in the USA.			
<input type="checkbox"/> All Services related to this payment are performed OUTSIDE of the United States			
Section 6 – Supplier's State of California Residency Certification (you must check a box)			
<input type="checkbox"/> Product Purchase only - Not Applicable		<input type="checkbox"/> California Resident	
<input type="checkbox"/> California Nonresident (see Page 2, Section 5) Payments to CA nonresidents may be subject to 7% tax withholding. Attach a completed CA587 non- CA resident withholding allocation worksheet			
<input type="checkbox"/> I am not a US Citizen/Business and I do not have a Permanent Resident Green Card. Payments may be subject to state tax withholding at 12.3%. Contact Payroll for a list of required documents to determine if you are eligible to work in the USA.			
<input type="checkbox"/> Qualified to do business in CA or have a permanent place of business in CA Attach Withholding Exemption Certificate (CA590).			
Section 7 – Certifying Signature			
Under the law in the State of California, that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you; the payee's TIN is correct. The payee is not subject to backup withholding (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. The payee is a U.S. person, and the payee is exempt from FATCA reporting.			
Exempt payee code (if any) _____ Exempt from FATCA reporting code (if any) _____			
Signature of U.S. Person: _____ Date: _____			

Requirements to Complete Supplier Information Form

A completed Supplier Information Form is required and will be kept on file.

Amounts paid to supplier's can be reported on Information Returns (1099 MISC, CA592 and 1042-S) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.

Section 1

Enter the Payee's legal name/business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The home/ business address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here. Complete *remit* to address for payments.

Section 2

Check ONE box that corresponds to the payee entity type. Check ALL boxes that are applicable to the category of payment/ownership.

Section 3

The IRS requires that all parties entering into business transactions that may lead to payment(s) provide their Taxpayer Identification Number (TIN). The TIN is required to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a). Individuals and sole proprietorships shall provide Social Security Number (SSN) or Individual Tax Identification Number (ITIN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).

Section 4

Check the appropriate box. If ACH is selected, complete banking information. Do not leave any of these spaces blank.

Sections 5 & 6: Are you a California resident or nonresident?

A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.

A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.

For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

Payments to all nonresidents may be subject to CA withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.

Foreign Citizens and Foreign Businesses

Federal tax withholding regulations differ significantly from California tax withholding requirements. There are several additional forms required and they must be completed before a payment can be released. You will also need to provide a copy of your VISA, a copy of the picture page of your passport and a print out of their arrival and departure record from the U.S. Customs & Border Protection website.

Foreign Alien/Entity or Resident Alien

University of San Diego requires a W-8 Form for all foreign aliens/entities being paid for a service, copyrights, permissions and royalties performed in the United States to conform to IRS regulations. The IRS requires University of San Diego to obtain a signed and dated W-8 Form prior to issuing payment. There are four different types of W-8 Forms. The Foreign Alien/Entity will need to determine which type of form applies to them; they will need to fill out the appropriate form/ and they will need to return the form to University of San Diego. The links for the W-8 Forms are as follows:

<http://www.irs.gov/pub/irs-pdf/fw8exp.pdf> (Form W-8EXP) <http://www.irs.gov/pub/irs-pdf/iw8exp.pdf> (Instructions Form W-8EXP)

<http://www.irs.gov/pub/irs-pdf/fw8eci.pdf> (Form W-8ECI) <http://www.irs.gov/pub/irs-pdf/iw8eci.pdf> (Instructions Form W-8ECI)

<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf> (Form W-8BEN) <http://www.irs.gov/pub/irs-pdf/iw8ben.pdf> (Instructions Form W-8BEN)

<http://www.irs.gov/pub/irs-pdf/fw8imy.pdf> (Form W-8IMY) <http://www.irs.gov/pub/irs-pdf/iw8imy.pdf> (Instructions Form W-8IMY)

Section 7

Provide the name, title, signature and telephone number of the beneficial owner of the payment requested or authorized agent of beneficial owner. Certification Instructions: You must cross out item 3 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, items 3 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 taxpayer identification number.

2019 Withholding Exemption Certificate

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The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name _____

Payee Information

Name _____ SSN or ITIN FEIN CA Corp no. CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____ State _____ ZIP code _____

Exemption Reason

Check only one box.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

- Individuals — Certification of Residency:**
I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.
- Corporations:**
The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.
- Partnerships or Limited Liability Companies (LLCs):**
The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.
- Tax-Exempt Entities:**
The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.
- Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**
The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.
- California Trusts:**
At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.
- Estates — Certification of Residency of Deceased Person:**
I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.
- Nonmilitary Spouse of a Military Servicemember:**
I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone (____) _____

Payee's signature ► _____ Date _____

DISCLOSURE OF OWNERSHIP & DEMOGRAPHICS

Disclosure of Ownership: (List below the names of all Principals or Joint Owners. Use additional sheet as necessary.)

Name	Position With Company	Percent Ownership (%)

Please indicate any classification that applies to the company below (select all that apply):

<u>Classification</u>	<u>Indicate with "X" if Applicable</u>	<u>Classification</u>	<u>Indicate with "X" if Applicable</u>
Small Emerging Business Enterprise		Hubzone	
Small Locally-Owned Business (SLBE)		Other (Please Specify)	

Number of Years firm has been furnishing goods/services: _____

USD ACCOUNT MANAGER _____

TELEPHONE NUMBER _____

EMERGENCY NUMBER _____

EMAIL _____

Signature _____

SUSPENSION AND DEBARMENT

(1) Vendor certifies to the best of its knowledge and belief that it and its principals:

- a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from doing work under Federal, State or local government award.
- b) Have not within a three-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- d) Have not within a three-year period preceding this certification had one or more contracts terminated for cause or default.

(2) Where the Vendor is unable to certify to any of the statements in this certification, such vendor shall attach an explanation to this certificate.

Business Name: _____

Date: _____

By: _____

Name & Title of Authorized Representative

Signature of Authorized Representative

CONFLICT OF INTEREST FORM

The University of San Diego (USD) has established procedures for reviewing and addressing conflicts of interest between USD employees and suppliers and otherwise ensuring compliance with the University's Conflict of Interest Policies.

As part of this process, you, the Supplier, are asked to disclose any and all potential conflicts of interest to USD for appropriate review and disposition. Examples include, without limitation, a USD employee having an ownership interest in your business, your business being owned by a relative of a USD employee, and your business sponsoring speaking engagements or other activities with which USD faculty or staff are involved.

Your failure to complete and return this disclosure form may result in a delay of payment, the termination of your contract and/or suspension of your status as a responsive and responsible provider of goods or services to USD.

Your obligation with regard to the disclosure of conflicts of interest is ongoing, therefore we ask that you promptly notify us should you become aware of any potential conflict following the submission of this form. At USD's discretion you may be asked to update this information periodically.

Supplier Name: _____

Contact Name: _____

Address/Phone Number/Email: _____

Please select the appropriate statement:

____ I AM ***NOT*** aware of any relationship between the Supplier and a USD employee which could result in potential personal gain for the USD employee or which could enable the USD employee to influence the Supplier relationship for perceived personal gain.

____ I ***AM*** aware of a relationship between the Supplier and a USD employee which could result in potential personal gain for the USD employee or which could enable the USD employee to influence the Supplier relationship for perceived personal gain.

Employee Name: _____

Nature of Relationship: _____

By signing below, you represent and affirm that you have proper authority to act on behalf of the Supplier and that the foregoing statements are true and correct to the best of your knowledge.

Signature

Printed Name and Title of Signer

Date

For USD Procurement Use Only

USD Vendor ID #: _____

Disposition of disclosed potential conflict of interest: _____

Reviewed By: _____ Date: _____