Vendor Approval Packet – Company & Individual (Needs Updating)

1. Vendor packets are stored at the following location: Q:\AP-S\W9s\Vendor Packet to be processed. Review the vendor form to ensure that it is the correct version, dated 05-2015, and that it was completed in its entirety and it signed and dated. If the incorrect form is used or the form is missing information, contact the vendor via email and cc the department asking for a completed form.

STATE OF CONNECTICUT-UNIVERSITY OF CONNECTICUT   Clear Form

IMPORTANT: ALL parts of this form must be completed, signed and returned with completed W-9 to the UConn requesting department by the vendor.

Read & Complete Carefully - UConn Department please fax forms to 860-486-5846

COMPLETE VENDOR LEGAL BUSINESS/INDIVIDUAL NAME	Taxpayer ID # (TIN): ☐ SSN ☐ FEIN
	SSN/FEIN not Required for Reimbursements/Refunds

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)	CITIZEN AND ENTITY STATUS
	▼

NOTE: FOREIGN ENTITIES OR INDIVIDUALS MAY BE SUBJECT TO NRA TAXATION, WHICH MAY REQUIRE IMMIGRATION DOCUMENTS AND ADDITIONAL TAX FORMS. PLEASE CONSULT YOUR TAX ADVISOR FOR FURTHER DIRECTION.

BUSINESS ENTITY: ☐ CORPORATION ☐ LLC CORPORATION ☐ LLC PARTNERSHIP ☐ LLC SINGLE MEMBER ENTITY
☐ NON-PROFIT ☐ PARTNERSHIP ☐ INDIVIDUAL/SOLE PROPRIETOR ☐ GOVERNMENT

NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.

UNDER THIS TIN, WHAT ARE THE TYPES OF BUSINESS YOU WILL PROVIDE TO THE UNIVERSITY:

☐ SALE OF COMMODITIES   ☐ ATTORNEY FEES   ☐ RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT)
☐ ENTERTAINMENT/PUBLIC SPEAKER   ☐ MEDICAL SERVICES   ☐ OTHER:

NOTE: FOR NON-CT INDIVIDUALS/ENTITIES ONLY: IF YOUR BUSINESS TYPE INCLUDES ENTERTAINMENT/PUBLIC SPEAKING/ATHLETICS, YOU MAY BE SUBJECT TO CT WITHHOLDING TAX. PLEASE REFER TO *CT DRS POLICY STATEMENT 2011(2)* FOR CLARIFICATION.

NOTE: IF YOUR BUSINESS IS A *PARTNERSHIP*, YOU MUST SUBMIT THE NAMES AND TITLES OF ALL PARTNERS WITH THIS FORM.

NOTE: IF YOUR BUSINESS IS A *CORPORATION*, IN WHICH STATE ARE YOU INCORPORATED?

VENDOR ADDRESS STREET	CITY	STATE	ZIP CODE

VENDOR E-MAIL ADDRESS (REQUIRED)	VENDOR WEB SITE

REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. ☐ *SAME AS VENDOR ADDRESS ABOVE.*

REMIT ADDRESS STREET	CITY	STATE	ZIP CODE

COMPANY/INDIVIDUAL CONTACT INFORMATION: NAME AND TITLE (TYPE OR PRINT)

1ST BUSINESS PHONE:	Ext. #	HOME PHONE:
2ND BUSINESS PHONE:	Ext. #	TOLL FREE PHONE:
CELLULAR:		DEPARTMENT NAME:
1ST FAX NUMBER:		DEPARTMENTAL EMAIL:
2ND FAX NUMBER:		

PURCHASE ORDER DISTRIBUTION:
(FAX NUMBER REQUIRED)

NOTE: THE FAX NUMBER INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.

ARE ANY OF YOUR IMMEDIATE FAMILY MEMBERS CURRENTLY A *STATE of CT EMPLOYEE*? ☐ YES ☐ NO

IS YOUR BUSINESS **CURRENTLY** A CT DAS *CERTIFIED* SMALL BUSINESS ENTERPRISE ☐ YES *(ATTACH COPY OF CERTIFICATE)* ☐ NO
(SMB) OR MINORITY BUSINESS ENTERPRISE (MBE)?

ARE YOU A **UCONN** STUDENT? ☐ YES (PEOPLESOFT #)   NO

ARE YOU A CURRENT/FORMER *STATE of CT EMPLOYEE*   ☐ YES ☐ NO

___ OF THE FOLLOWING: ☐ CURRENT ☐ FORMER ☐ RETIRED

___ OU ARE A CURRENT/FORMER STATE OF CT EMPLOYEE YOU COULD BE LIMITED OR PROHIBITED IN
___ E UNIVERSITY. PLEASE CONTACT THE APPLICABLE AGENCY FOR FURTHER CLARIFICATION.

___ERSON AUTHORIZED TO SIGN ON BEHALF OF THE ABOVE NAMED VENDOR	DATE EXECUTED
←SIGN HERE	

TYPE OR PRINT NAME OF AUTHORIZED PERSON	TITLE OF AUTHORIZED PERSON

ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

Revised 05-2015

Note: If the Citizen Entity Status indicates anything other than a US entity, ad hoc approve the corresponding edoc to Tax & Compliance (10739). Move the vendor forms to: Q:\AP-S\W9s\Foreign Vendors

2. Review the W9 to ensure it is completed in its entirety and signed and dated. If the form is missing information, contact the vendor via email and cc the department asking for a completed form.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

See Specific Instructions on page 2.

Print or type

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II **Certification**

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 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 that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For real estate transactions, item 2 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 TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

• Form 1099-INT (interest earned or paid)

• Form 1099-DIV (dividends, including those from stocks or mutual funds)

• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-S (proceeds from real estate transactions)

• Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Cat. No. 10231X

Form **W-9** (Rev. 12-2014)

3. Verify the Name and TIN are correct using www.irs.gov

4. Enter your Username and Password and click Login

5. Choose University of Connecticut and click Submit Selected Organization

IRS

Select Organization

Select the organization you will represent in this session:

Each item below represents an organization for which you are authorized to perform work. By selecting an organization, you are logging in as an authorized user of that organization. You will be able to perform work for only that organization.

○ Individual
● UNIVERSITY OF ~~~~ CUT, Accounts Payable Department 3 N Hillside Road Unit 6080, Storrs, CT, 06269-6080

[Submit Selected Organization]

e-Services Privacy Policy

6. Click TIN Matching

Internal Revenue Service
United States Department of the Treasury

| e-services | On-line Tutorials | Help | Mailbox | Sign out | Contact Us |

services

Application
TIN Matching
Registration Services

Welcome to IRS e-services

Amanda Baron
Representing UNIVERSITY OF CONNECTICUT

Application
Access to apply or revise an existing application on-line for participation in IRS *e-file* Program or Taxpayer Identification Number (TIN) Matching.

TIN Matching
Allows a payer to submit a TIN/Name combination to be matched against IRS records. With Interactive TIN Matching, you can accomplish this interactively and receive an instant response for up to 25 TIN/Name combinations at a time. With Bulk TIN Matching, you can submit an electronic file of as many as 100,000 TIN/Name combinations and receive matching results by email within 24 hours.

Registration Services
Registration Services allows you to confirm your registration, revise your registration information, change your password or PIN and recover a lost password or PIN.

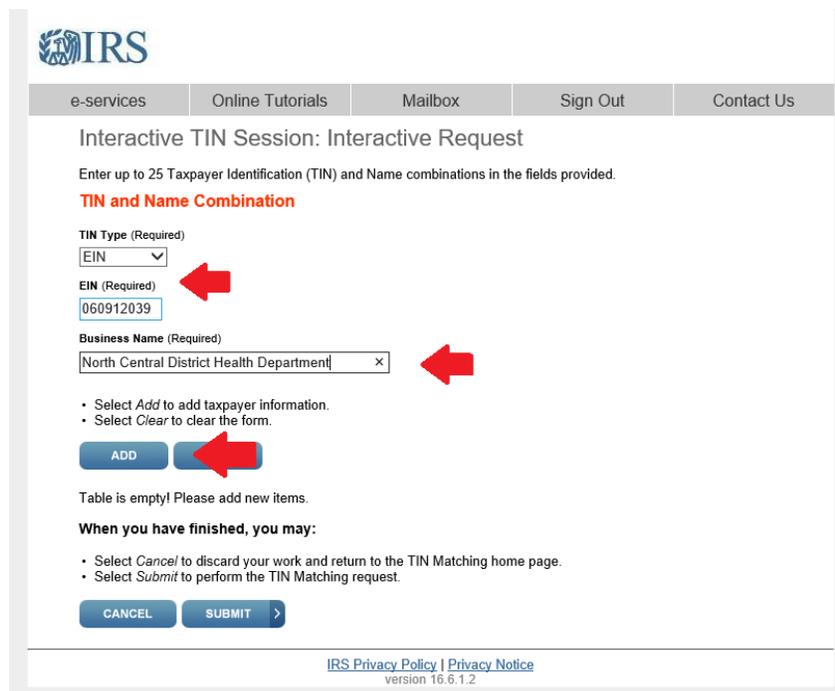e-services Privacy Policy

7. Click TIN matching again
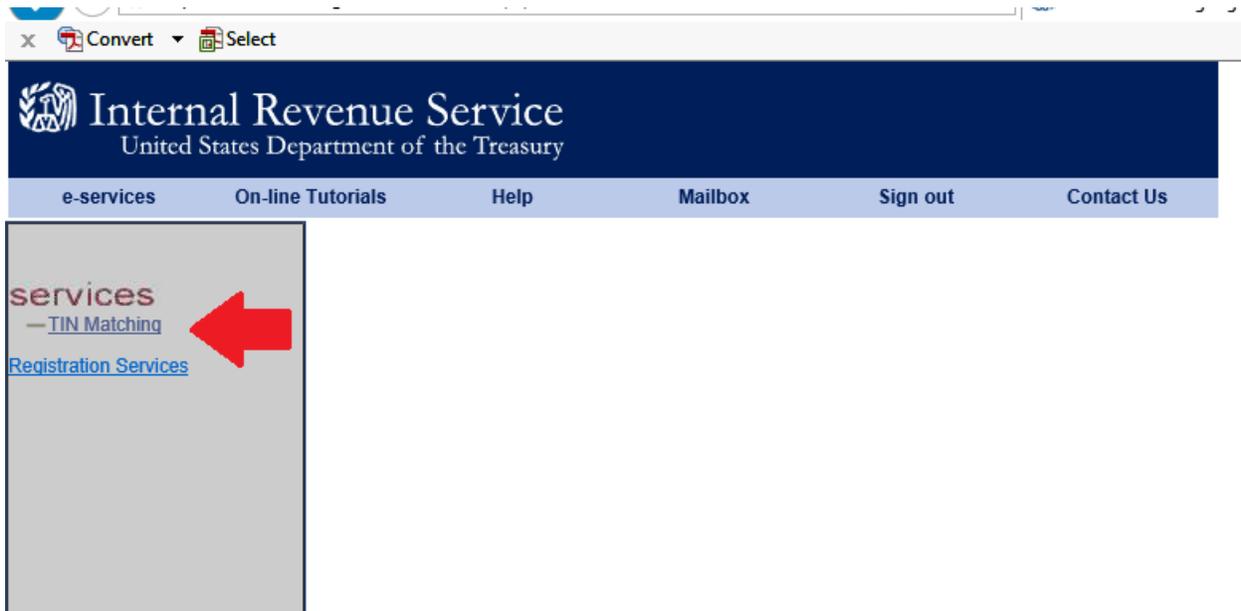
8. Click Accept

9. Click Begin Interactive TIN Session
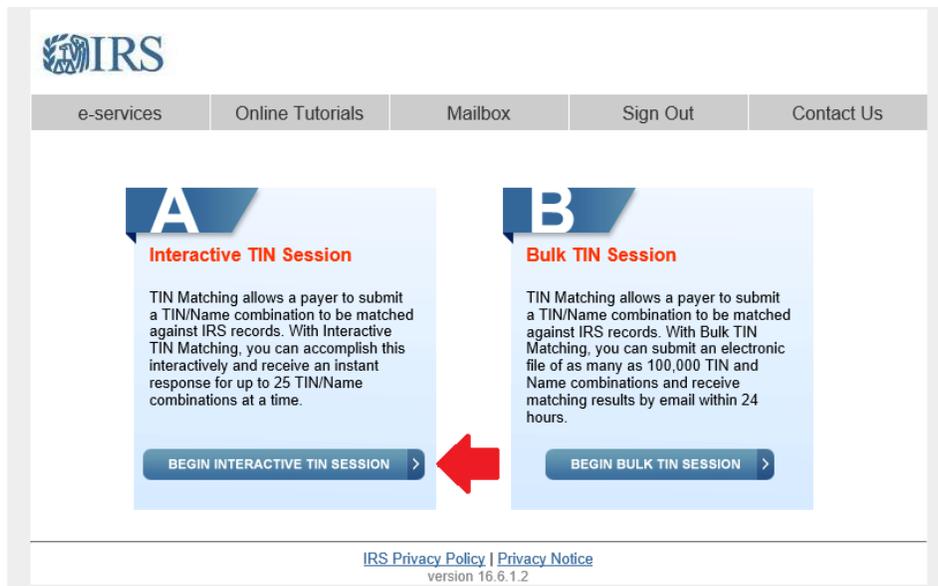
10. Based on the W9 provided, change the TIN Type, Enter the SSN/EIN and Last Name or Business Name and Click Add

11. Click Submit

12. Review the Result Code. If the Result Code is "0", "6", "7", or "8", you can move to the next step. If the result code is anything other than the above, verify that you entered the information correctly. If the information was entered correctly and there is not a match to IRS records, contact the vendor to verify the information and request an updated W9. You cannot move forward until you receive the updated information.

13. Using Visual Compliance, verify that the vendor is not debarred or has any compliance issues: https://www.visualcompliance.com/index.html. **This search must be performed for Companies and Individuals.** For detailed information on using Visual Compliance, please review the Visual Compliance Training Manual found at: Q:\AP\AP-PoliciesAndProcedures\AP_Vendor manuals

14. If no issues are found, move to the next step. If a compliance report is found of the vendor, make not of the appropriate hold code to be added to the vendor profile. If you are unsure, consult with your supervisor

15. Perform a search for the vendor name on the most recent DRS List located at Q:\AP-S. If the vendor is found on the list, remember to add the DRS hold code
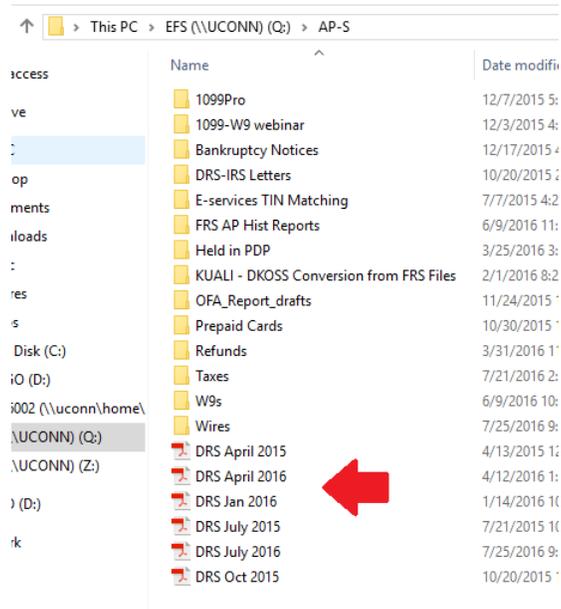
16. Perform a search in KFS using the vendors TIN. If the vendor is found, disapprove the edoc citing the existing vendor number. If the vendor is not found, move to the next step
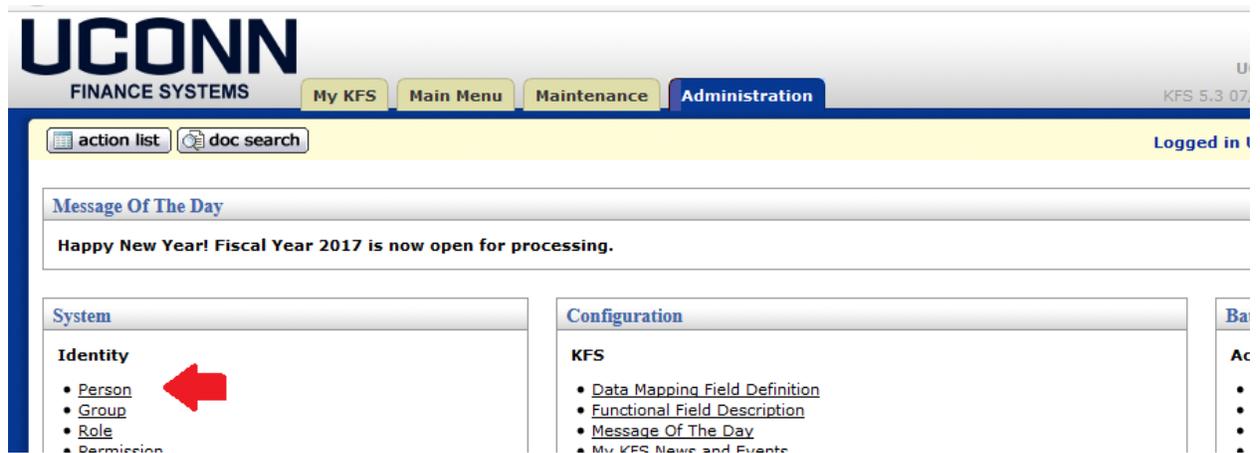
Note: If the vendor is an individual (SSN), you must also check PeopleSoft and PDP

17. To check PeopleSoft, perform a UC Search Match by the SSN.
    a. If there is a match and the vendor is being set up to receive a refund, reimbursement or is a candidate, use the PeopleSoft number as a search alias
    b. If there is a match and the vendor is being paid for services, search Genesys

18. To check LDAP, click on the Administration Tab in KFS

19. Click Person

20. Enter the individual's first and last name and click Search

Principal Name:	
Principal ID:	
Entity ID:	
First Name:	
Middle Name:	
Last Name:	
Email Address:	
Phone Number:	
Employee ID:	
Campus Code:	
Primary Department Code:	
Employee Status Code:	
Employee Type Code:	
Active Indicator:	⦿ Yes ○ No ○ Both

search   cancel

21. If there is a match and the vendor is being paid for a refund, reimbursement or is a candidate, disapprove the edoc and notify the department that they need to use the LDAP number for payment

One item retrieved.

Principal ID	Principal Name	Name	Entity ID	Campus Code	Primary Department Code	Employee ID
aab06002	aab06002	Baron, Amanda A	aab06002	01	UC-1560	▓▓▓▓▓

Export options: CSV | spreadsheet | XML

22. Using the information provided on the W9, verify the Vendor Name was typed correctly

23. The Vendor Type should always be PO-Disbursement Voucher/Purchase Order.
24. When reviewing the Is this a foreign vendor field: All foreign vendors should be referred to Tax & Compliance; all domestic vendors approved in Accounts Payable should be marked "No"

25. Based on the W9, verify the TIN, the Tax Number Type and Ownership Type were entered correctly

Corporate Information

* Vendor Type:	PO - Disbursement Voucher/Purchase Order ⌄ 🔍
* Is this a foreign vendor:	No ⌄
US Tax Number:	060912039 ⬅
Tax Number Type:	⦿ FEIN ◯ SSN ◯ NONE
* Ownership Type:	Government ⌄ 🔍 ⬅
Ownership Type Category:	⌄ 🔍
W-9 Received:	⌄
W-9 Signed Date:	📅
W-8 Received:	⌄

26. If, on the vendor form, the vendor indicated that they are any of the following categories or providing any of these services, change the Ownership Type Category appropriately
    a. UConn Student
    b. Legal Services
    c. Healthcare Services
    d. Entertainment
    e. Royalties
    f. State Employee
    g. UConn Employee
    h. Non UConn Student
    i. Affiliated Employee
    j. CT Cert-123

US Tax Number:	060912039
Tax Number Type:	⦿ FEIN ◯ SSN ◯ NONE
* Ownership Type:	Government ⌄ 🔍
Ownership Type Category:	⌄ 🔍 ⬅
W-9 Received:	⌄

27. Change W9 Received to "Yes' and enter the W9 signed date as per the W9

28. Choose yes or no to indicate if the vendor is debarred, based on the search results from Visual Compliance

29. Standard Payment Terms are Net 45. If a department has entered different terms, do not change them

30. Mark the Taxable Indicator accordingly
    a. Individuals should ALWAYS be marked reportable
    b. Corporations should NOT be marked reportable, unless they are providing Entertainment, Legal or Medical Services
    c. Governments should NOT be marked reportable, unless they are providing Entertainment, Legal or Medical Services
    d. Non-Profits should NOT be marked reportable, unless they are providing Entertainment, Legal or Medical Services
    e. Partnerships should ALWAYS be marked reportable
    f. Limited Liability Companies should ALWAYS be marked reportable, unless they are operating as a C Corporation or an S Corporation and are not providing Entertainment, Legal or Medical Services
    g. Federal Education and Education Institute should NOT be marked reportable, unless they are providing Entertainment, Legal or Medical Services
    h. Trust/Estates should NOT be marked reportable, unless they are providing Entertainment, Legal or Medical Services

31. Add the appropriate vendor hold code
    a. A&E TAX – CT Athletic & Entertainment Tax; this should be added to vendors who are providing entertainment services or Athletic services i.e. referee or game officials, who do NOT live in CT. This should never be added to vendors whose W9 indicate a CT address
    b. AFFILTE – This is no longer being used
    c. CNDIDATE – If the vendor is a Candidate for employment at the University and being reimbursed for expenses
    d. DO NOT USE – As appropriate for existing vendors
    e. DRS – If the vendor is on the DRS Offset list
    f. IRS-LEVY – If the vendor is on IRS LEVY
    g. IRS-TIN – For existing vendors with Tax ID issue
    h. NONTAXABLE – CERT123 VENDOR NO TAX – Add to a vendor if they are operating in CT and are providing Hotel accommodations and/or food service
    i. NRA – Used by Tax & Compliance for Foreign Vendors
    j. NRAREIMB - Used by Tax & Compliance for Foreign Vendors
    k. OTHER – As appropriate
    l. REFUND – If the vendor is being set up for refunds only; no W9 required
    m. REIMONLY – If the vendor is receiving reimbursements only; no W9 required; also used for existing vendors who do not have a W9 on file and are reportable
    n. ROYAL – State employees can be paid royalties
    o. SPS – If a sanction report was found when using Visual Compliance
    p. ST-EMP – Use for state employees, UConn employees and state retirees
    q. STUDENT – This is no longer being used
    r. UC-STU – This is no longer being used for UConn students; if being paid for services/honorariums, do NOT create the vendor profile, they need to be paid via payroll
    s. W9 NEEDED – Used for existing vendors who do not have a W9 on file and are NOT reportable

Credit Card:	☐
Taxable Indicator:	☐
Vendor Hold Code:	
Minimum Order Amount:	
Shipping Title:	
Shipping Payment Terms:	
DUNS Number:	
Vendor URL:	
Confirmation:	

32. Verify that the default PO address is as per the W9. **If the vendor has listed a second name on line 2 of the W9, add this as Address Line 1 as the DBA name**. **This should be added as Address Line 1 for all different addresses on the vendor profile and added as a Search Alias**

* Address Type:	PO - Purchase Order
* Address 1:	31 North Main Street
Address 2:	
* City:	Enfield
State:	CT
Postal Code:	06082
Province:	
* Country:	United States
Attention:	
URL:	ncdhd.org
Vendor Fax Number:	(860) 745-3188
Email Address:	psulik@hcdhd.org
Set as Default Address:	Yes
Active Indicator:	☑
	delete

33. If the vendor form indicates Company/Individual Contact Information, add this in the Attention field. Verify the URL, Vendor Fax Number and Email Address as per the vendor form

* Address Type:	PO - Purchase Order
* Address 1:	31 North Main Street
Address 2:	
* City:	Enfield
State:	CT
Postal Code:	06082
Province:	
* Country:	United States
Attention:	
URL:	ncdhd.org
Vendor Fax Number:	(860) 745-3188
Email Address:	psulik@hcdhd.org
Set as Default Address:	Yes
Active Indicator:	☑
	delete

34. If the vendor form includes a different address in the Vendor Address field, verify that this was added as a second PO address. This should NOT be marked as the default. If this address was not added, go to the New Address section on the edoc, add the address information and click Add

35. If the vendor form includes a Remit Address that is different than the PO address, go to the New Address section on the edoc, add the address information. This needs to be marked as the Default Remit Address. Click Add. Note: if the remit address listed on the vendor form is the same as the PO address, do not add as a remit address
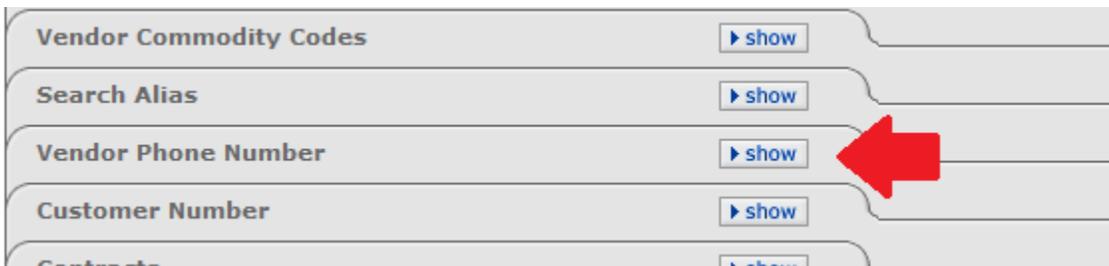
36. If the vendor has listed a second name on line 2 of the W9, (DBA Name) click on the Show button next to Search Alias

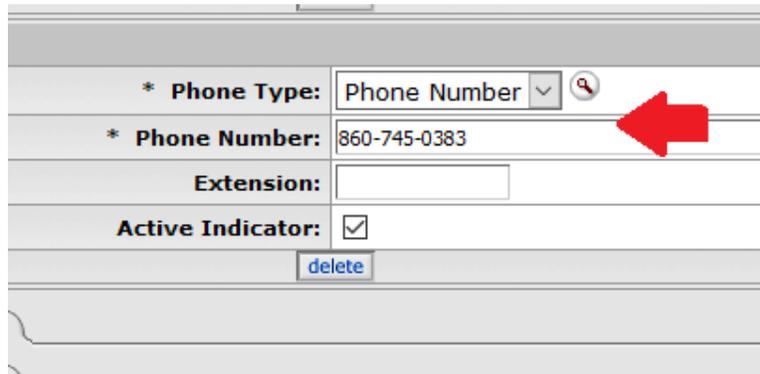| Vendor Commodity Codes | ▶ show |
Search Alias	▶ show
Vendor Phone Number	▶ show
Customer Number	▶ show

37. Enter the DBA Name as the Search Alias and click Add. Be sure to type this exactly as it is listed on Address Line 1

* **Search Alias Name:** [   ]

Active Indicator: ☑

add
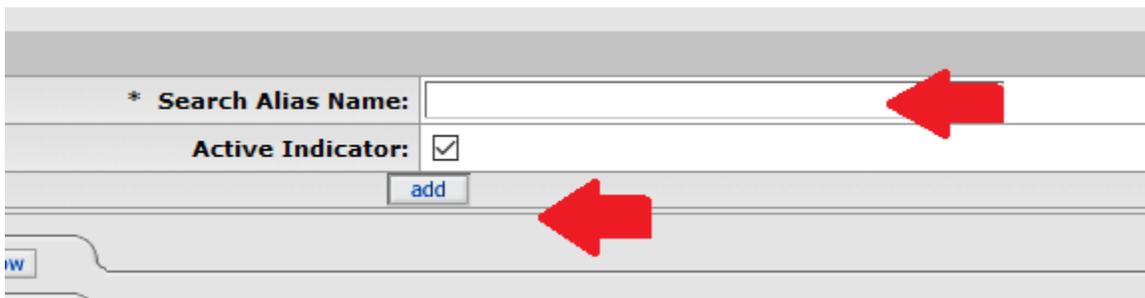
38. Click on the Show Button next to Vendor Phone Number

Vendor Commodity Codes	▶ show
Search Alias	▶ show
Vendor Phone Number	▶ show
Customer Number	▶ show
Contracts	▶ show

39. Verify the phone number was entered correctly based on the vendor form

* Phone Type:	Phone Number
* Phone Number:	860-745-0383
Extension:	
Active Indicator:	☑
	delete

40. If there is a phone number listed on the vendor form that was not added to the edoc, enter it and click Add
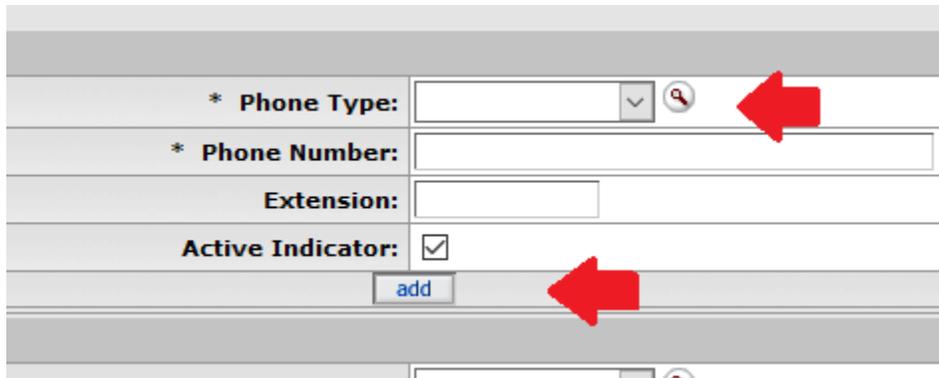
* Phone Type:	
* Phone Number:	
Extension:	
Active Indicator:	☑
	add

41. Add a note indicating that IRS, DRS, DOL and debar checks have been done. If the vendor form and W9 contain an FEIN, attach the docs to the note and click Add
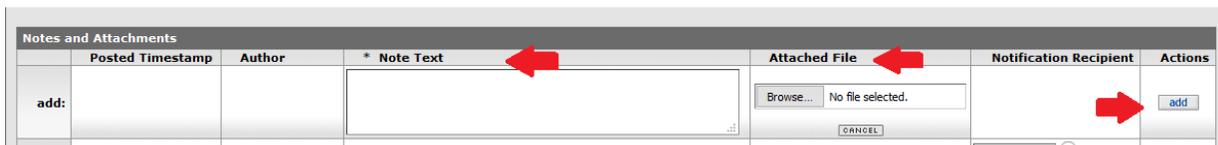
Notes and Attachments

	Posted Timestamp	Author	* Note Text	Attached File	Notification Recipient	Actions
add:				Browse... No file selected.		add
				CANCEL		

42. Click Approve

orley, Alexander J | Vendor form and W-9 faxed 7/26/16

▶ show

▶ show

(send ad hoc request) (save) (reload) (approve) (ove) (close)

43. Click Yes

**Please read as this is NEW information regarding vendor e-doc approvals. The new vendor is about to be routed and the Vendor's document ID is 3581994. Please reference the Vendor document number on the W-9 and fax to 860-486-5846. Please note: If this is an International vendor please fax W-8BEN, W8BEN-E or Form 8233 with copies of Passport, Visa and I-94 to 860-486-4296. For inquiries regarding International vendors please email Dorothy.koss@uconn.edu. For inquiries regarding vendor additions, changes or other vendor related requests, please contact AP_Vend_Coord@Uconn.edu. Press "No" below if you have attached documents with sensitive data (e.g. Social Security Number) and wish to return to the document to cancel, Press "Yes" if you understand these instructions.

(yes) (

44. Move the vendor form and W9 to: Q:\AP-S\W9s\Vendor Packet Final