

Vendor Approval Packet – Company & Individual (Needs Updating)

- 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): <input type="checkbox"/> SSN <input type="checkbox"/> FEIN
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)		SSN/FEIN not Required for Reimbursements/Refunds CITIZEN AND ENTITY STATUS
<small>NOTE: FOREIGN ENTITIES OR INDIVIDUALS MAY BE SUBJECT TO US TAXATION, WHICH MAY REQUIRE IMMIGRATION DOCUMENTS AND ADDITIONAL TAX FORMS. PLEASE CONSULT YOUR TAX ADVISOR FOR FURTHER DIRECTION.</small>		
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> LLC SINGLE MEMBER ENTITY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> GOVERNMENT		
<small>NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.</small>		
<small>NOTE: IF YOUR BUSINESS IS A PARTNERSHIP, YOU MUST SUBMIT THE NAMES AND TITLES OF ALL PARTNERS WITH THIS FORM.</small>		
<small>NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?</small>		
UNDER THIS TIN, WHAT ARE THE TYPES OF BUSINESS YOU WILL PROVIDE TO THE UNIVERSITY:		
<input type="checkbox"/> SALE OF COMMODITIES <input type="checkbox"/> ATTORNEY FEES <input type="checkbox"/> RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT) <input type="checkbox"/> ENTERTAINMENT/PUBLIC SPEAKER <input type="checkbox"/> MEDICAL SERVICES <input type="checkbox"/> OTHER:		
<small>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.</small>		
<small>NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?</small>		
VENDOR ADDRESS STREET CITY STATE ZIP CODE		
VENDOR E-MAIL ADDRESS (REQUIRED)		VENDOR WEB SITE
<small>REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. <input type="checkbox"/> SAME AS VENDOR ADDRESS ABOVE.</small>		
REMIT ADDRESS STREET CITY STATE ZIP CODE		
COMPANY/INDIVIDUAL CONTACT INFORMATION: NAME AND TITLE (TYPE OR PRINT)		
1 ST BUSINESS PHONE:	Ext. #	HOME PHONE:
2 ND BUSINESS PHONE:	Ext. #	TOLL FREE PHONE:
CELLULAR:	DEPARTMENT NAME:	
1 ST FAX NUMBER:	DEPARTMENTAL EMAIL:	
2 ND FAX NUMBER:		
PURCHASE ORDER DISTRIBUTION: (FAX NUMBER REQUIRED)		
<small>NOTE: THE FAX NUMBER INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.</small>		
ARE ANY OF YOUR IMMEDIATE FAMILY MEMBERS CURRENTLY A STATE OF CT EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS YOUR BUSINESS CURRENTLY A CT DAS CERTIFIED SMALL BUSINESS ENTERPRISE (SMB) OR MINORITY BUSINESS ENTERPRISE (MBE)? <input type="checkbox"/> YES (ATTACH COPY OF CERTIFICATE) <input type="checkbox"/> NO		
ARE YOU A UCONN STUDENT? <input type="checkbox"/> YES (PEOPLESOFT #) <input type="checkbox"/> NO		
ARE YOU A CURRENT/FORMER STATE OF CT EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO		
<small>IF OF THE FOLLOWING: <input type="checkbox"/> CURRENT <input type="checkbox"/> FORMER <input type="checkbox"/> RETIRED YOU ARE A CURRENT/FORMER STATE OF CT EMPLOYEE YOU COULD BE LIMITED OR PROHIBITED IN THE UNIVERSITY. PLEASE CONTACT THE APPLICABLE AGENCY FOR FURTHER CLARIFICATION.</small>		
PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ABOVE NAMED VENDOR		DATE EXECUTED
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

- 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.
Print or type See Specific Instructions on page 2.	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: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>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.</small> <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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 <i>How to get a TIN</i> on page 3.		
		Social security number [] - [] - []
		or Employer identification number [] - []
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.		
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:		
<ul style="list-style-type: none"> • 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) 		
<ul style="list-style-type: none"> • 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.		
<i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2.</i>		
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 <i>What is FATCA reporting?</i> 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



New - e-services now supports up to IE11. March 3, 2016 - To obtain a Transmitter Control Code (TCC) for filing ACA Forms 1094/1095-B or C, select Application from the menu and select ACA Application for TCC.

Login

Username

Password

[Forgot Your Password?](#)

LOGIN >

Register

You must register to create an account.

REGISTER >

THIS U.S. GOVERNMENT SYSTEM IS FOR AUTHORIZED USE ONLY!

Use of this system constitutes consent to monitoring, interception, recording, reading, copying or capturing by authorized personnel of all activities. There is no right to privacy in this system. Unauthorized use of this system is prohibited and subject to criminal and civil penalties, including all penalties applicable to willful unauthorized access (UNAX) or inspection of taxpayer records (under 18 U.S.C. 1030 and 26 U.S.C. 7213A and 26 U.S.C. 7431).

NOTICE: The IRS reserves the right to deny access to any or all electronic services, products and/or applications, at both the individual or business entity level, in the event IRS becomes aware of any activity that constitutes or appears to constitute misuse or abuse of any electronic services, products or applications.

[e-Services Privacy Policy](#)

4. Enter your Username and Password and click Login



New - e-services now supports up to IE11. March 3, 2016 - To obtain a Transmitter Control Code (TCC) for filing ACA Forms 1094/1095-B or C, select Application from the menu and select ACA Application for TCC.

Login

▲ Your username and/or password do not match our records. Please try again.

Username

Password

[Forgot Your Password?](#)

LOGIN >

Register

You must register to create an account.

REGISTER >

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[e-Services Privacy Policy](#)

5. Choose University of Connecticut and click Submit Selected Organization



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 CONNECTICUT, Accounts Payable Department 3 N Hillside Road Unit 6080, Storrs, CT, 06269-6080

Submit Selected Organization

[e-Services Privacy Policy](#)

6. Click TIN Matching

The screenshot shows the IRS e-services homepage. At the top, there is a dark blue header with the IRS logo and the text "Internal Revenue Service United States Department of the Treasury". Below the header is a navigation bar with links for "e-services", "On-line Tutorials", "Help", "Mailbox", "Sign out", and "Contact Us". On the left side, there is a vertical menu with links for "Application", "TIN Matching", and "Registration Services". The "TIN Matching" link is highlighted with a red arrow. In the main content area, there is a welcome message: "Welcome to IRS e-services" followed by "Amanda Baron Representing UNIVERSITY OF CONNECTICUT". Below this, there are three sections: "Application", "TIN Matching", and "Registration Services". The "TIN Matching" section is highlighted with a red arrow and contains the following text: "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." At the bottom of the page, there is a link for "e-services Privacy Policy".

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

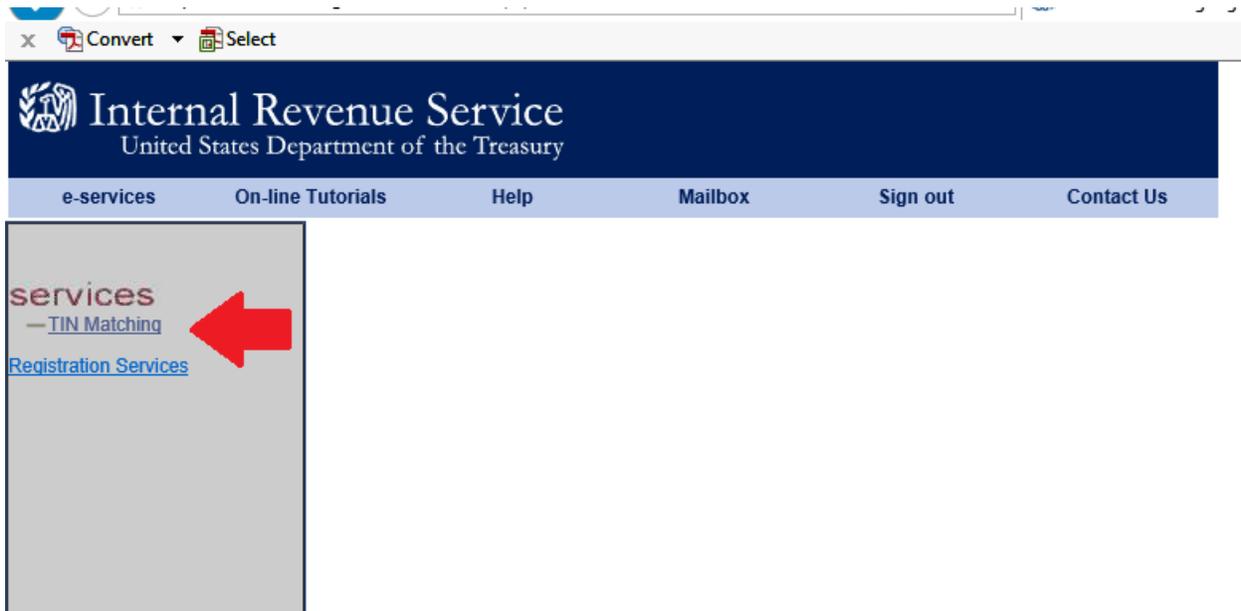
[Application](#)
Access to apply or revise an existing application on-line for participation in IRS *e-file* Program or Taxpayer Identification Number (TIN) Matching.

[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](#)

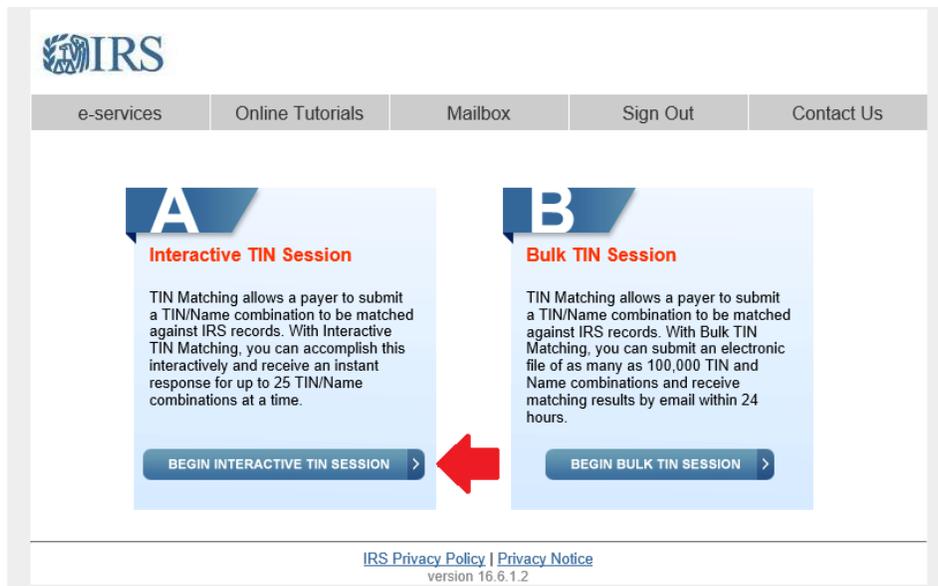
7. Click TIN matching again



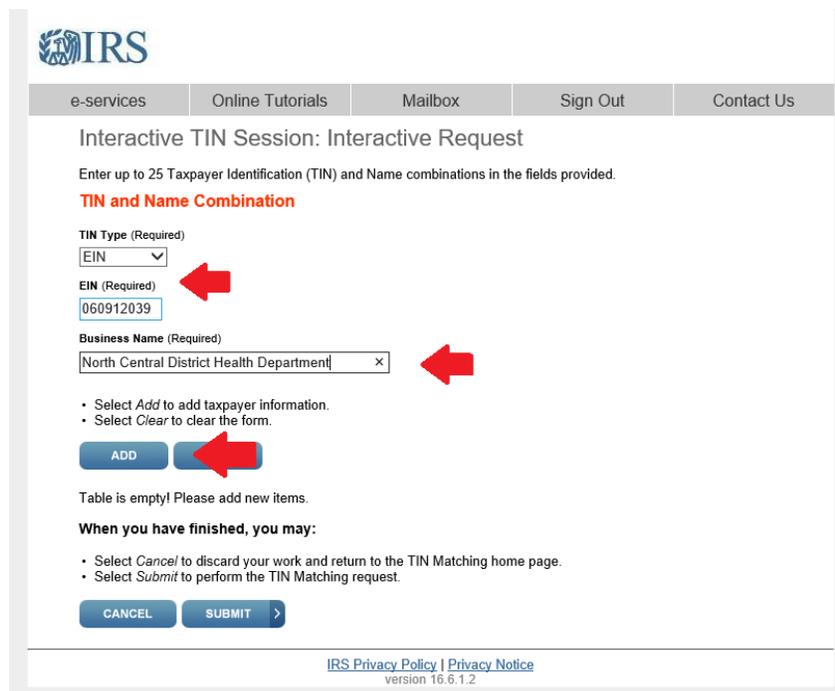
8. Click Accept



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

IRS

e-services Online Tutorials Mailbox Sign Out Contact Us

Interactive TIN Session: Interactive Request

Enter up to 25 Taxpayer Identification (TIN) and Name combinations in the fields provided.

TIN and Name Combination

TIN Type (Required)
Unknown

SSN/EIN (Required)

Last Name or Business Name (Required)

- Select Add to add taxpayer information.
- Select Clear to clear the form.

ADD CLEAR

ID	TIN Type	TIN	Name	Edit	Delete
1	EIN	060912039	North Central District Health Department	Edit	Delete

Your entries are shown above. Use the Edit or Delete links to the right of the entry if required.

When you have finished, you may:

- Select Cancel to discard your work and return to the TIN Matching home page.
- Select Submit to perform the TIN Matching request.

CANCEL SUBMIT

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version 16.6 1.2

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.

IRS

e-services Online Tutorials Mailbox Sign Out Contact Us

Interactive TIN Session: Interactive Results

This screen provides you with the results of your TIN Match request. The 'Match Indicator' displays a code next to the TIN and name combination. Use the codes below to interpret your results:

- 0 = TIN and Name combination matches IRS records.
- 1 = TIN was missing or TIN not 9-digit numeric.
- 2 = TIN entered is not currently issued.
- 3 = TIN and Name combination does not match IRS records.
- 4 = Invalid TIN Matching request.
- 5 = Duplicate TIN Matching request.
- 6 = TIN and Name combination matches IRS SSN records.
- 7 = TIN and Name combination matches IRS EIN records.
- 8 = TIN and Name combination matches IRS SSN and EIN records.

Important: Before leaving this screen, you may want to do a Print Screen of the results. Once you exit this screen, the interactive results will no longer be available for viewing.

Using the TIN Matching system allows you to verify the accuracy of taxpayer TIN and name information prior to submitting information to IRS. Internal Revenue Code 6724 provides any penalties under Section 6721 may be waived if the filer shows the failure to file a correct TIN on an information return was due to reasonable cause and not willful neglect. Filers may prove due diligence and receive a waiver from proposed penalties if they prove the TIN and name combination they submitted matched IRS records. Providing a copy of the Print Screen of your Interactive Results will be considered proof of due diligence.

ID	TIN Type	TIN	Name	Result Code
1	EIN	06-0912039	North Central District Health Department	0

You may do either of the following:

- Select Another Tin Matching Request to check more TIN and Name combinations.
- Select Done to return to the TIN Matching home page.

ANOTHER TIN MATCHING REQUEST DONE

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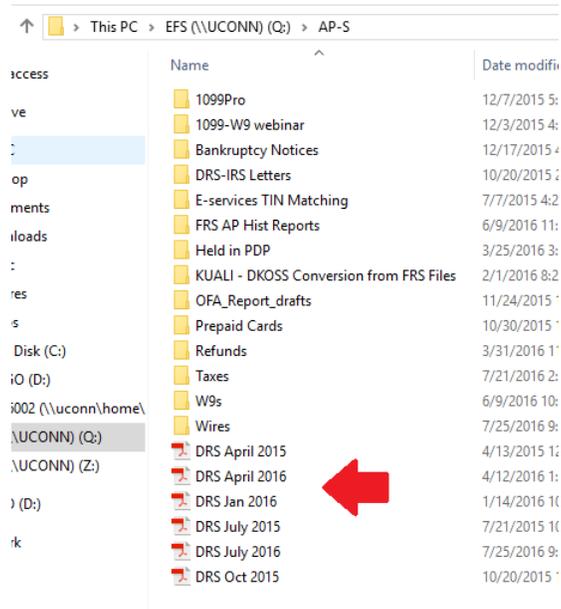
13. Using Visual Compliance, verify that the vendor is not debarred or has any compliance issues: <https://www.visualcompliance.com/index.html>. **This search must be performed for Companies and Individuals.** For detailed information on using Visual Compliance, please review the Visual Compliance Training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



The screenshot displays the Visual Compliance website interface. At the top, there is a navigation menu with the following items: VISUAL COMPLIANCE logo, Compliance Solutions, About Us, Newsletter Blog, Contact Us, and contact information for U.S. and Canada (1-877-ECUSTOM, (328-7866)) and International (716) 881-2596. A yellow button labeled "Setup your free demo" is located in the top right corner. The main content area features a dark blue background with the headline "Achieving export, import and financial trade compliance doesn't have to be complicated" and the subtext "Solutions for restricted and denied party screening, classification, automation—and more". A white login form titled "Login to Visual Compliance" is overlaid on the right side of the main content. The form includes a "USERNAME" field with the value "amanda.baron@uconn.edu", a "FORGOT USERNAME?" link, a "REMEMBER ME FOR NEXT TIME" checkbox, a "PASSWORD" field with masked characters, and a "FORGOT PASSWORD?" link. Below the form are "Login" and "Register" buttons. At the bottom of the page, there is a light blue banner with a photo of two people and the text "A trusted partner with over 30 years of experience helping companies overcome their export, import and".

14. If no issues are found, move to the next step. If a compliance report is found of the vendor, make note 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

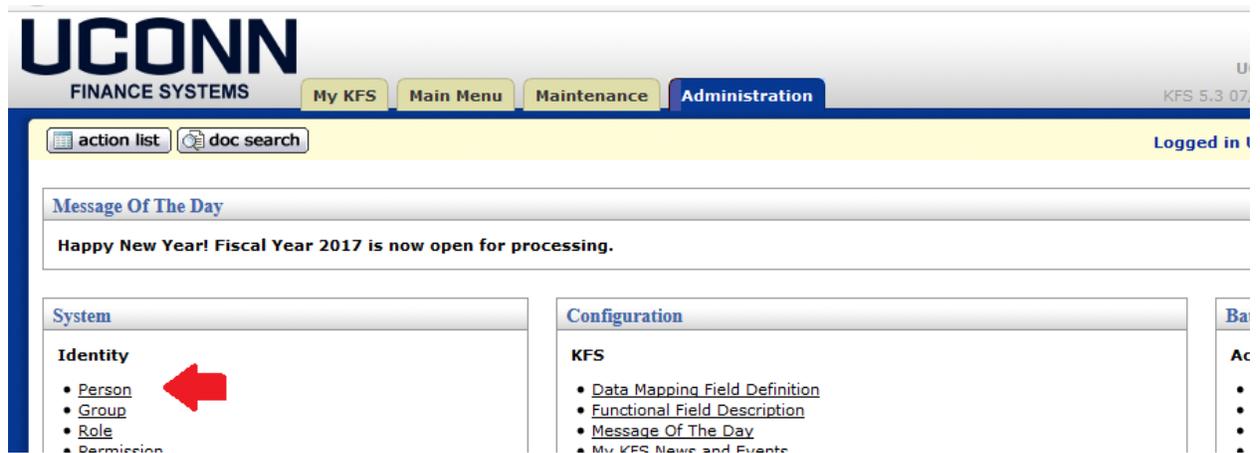
Note: If the vendor is an individual (SSN), you must also check PeopleSoft and PDP

17. To check PeopleSoft, perform a UC Search Match by the SSN.
- 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
 - 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:	<input type="text"/>
Principal ID:	<input type="text"/>
Entity ID:	<input type="text"/>
First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Last Name:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Employee ID:	<input type="text"/>
Campus Code:	<input type="text"/>
Primary Department Code:	<input type="text"/>
Employee Status Code:	<input type="text"/>
Employee Type Code:	<input type="text"/>
Active Indicator:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Both
<input type="button" value="search"/> <input type="button" value="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

Document Overview hide

Document Overview	
* Description: North Central District Health Department	Explanation: Setting up vendor for payment of fees.
Organization Document Number:	

Vendor hide

New

General Information

Vendor #:	
Vendor Parent Indicator:	Yes
Vendor Name:	North Central District Health Department 
Vendor Last Name:	
Vendor First Name:	

Corporate Information

* Vendor Type:	PO - Disbursement Voucher/Purchase Order 
* Is this a foreign vendor:	No 
US Tax Number:	060912039
Tax Number Type:	<input checked="" type="radio"/> FEIN <input type="radio"/> SSN <input type="radio"/> NONE
* Ownership Type:	Government 
Ownership Type Category:	
W-9 Received:	<input type="checkbox"/>

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"

Document Overview hide

Document Overview	
* Description: North Central District Health Department	Explanation: Setting up vendor for payment of fees.
Organization Document Number:	

Vendor hide

New

General Information

Vendor #:	
Vendor Parent Indicator:	Yes
Vendor Name:	North Central District Health Department
Vendor Last Name:	
Vendor First Name:	

Corporate Information

* Vendor Type:	PO - Disbursement Voucher/Purchase Order 
* Is this a foreign vendor:	No 
US Tax Number:	060912039
Tax Number Type:	<input checked="" type="radio"/> FEIN <input type="radio"/> SSN <input type="radio"/> NONE
* Ownership Type:	Government 
Ownership Type Category:	
W-9 Received:	<input type="checkbox"/>

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:	<input checked="" type="radio"/> FEIN <input type="radio"/> SSN <input type="radio"/> 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:	<input checked="" type="radio"/> FEIN <input type="radio"/> SSN <input type="radio"/> 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

* Ownership Type:	Government
Ownership Type Category:	
W-9 Received:	Yes
W-9 Signed Date:	07262016
W-8 Received:	
W-8 Signed Date:	
W-8 Type:	
Country of Incorporation/Citizenship:	

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

W-8 Signed Date:	
W-8 Type:	
Country of Incorporation/Citizenship:	
GIIN Code:	
Foreign Tax Id:	
Date of Birth:	
Chapter 3 Status Code:	
Chapter 4 Status Code:	
Backup Withholding Begin Date:	
Backup Withholding End Date:	
Debarred:	

Detail Information

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

Payment Terms:	Net 45 Days
Pre-Payment:	
Credit Card:	
Taxable Indicator:	<input type="checkbox"/>
Vendor Hold Code:	

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

Payment Terms:	Net 45 Days	▼ 🔍
Pre-Payment:		▼
Credit Card:		▼
Taxable Indicator:	<input type="checkbox"/>	←
Vendor Hold Code:		▼
Minimum Order Amount:		
Shipping Title:		▼ 🔍

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:	<input type="text"/>
Taxable Indicator:	<input type="checkbox"/>
Vendor Hold Code:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="m"/>
Minimum Order Amount:	<input type="text"/>
Shipping Title:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="m"/>
Shipping Payment Terms:	<input type="text"/> <input type="button" value="v"/> <input type="button" value="m"/>
DUNS Number:	<input type="text"/>
Vendor URL:	<input type="text"/>
Confirmation:	<input type="text"/>



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:	<input checked="" type="checkbox"/>		
	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:	<input checked="" type="checkbox"/>		
	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

A screenshot of a web form for adding a new address. The form contains the following fields and controls:

- * Address Type:** A dropdown menu set to "PO - Purchase Order". A red arrow points to this dropdown.
- * Address 1:** A text input field.
- Address 2:** A text input field.
- * City:** A text input field.
- State:** A dropdown menu with a search icon.
- Postal Code:** A text input field.
- Province:** A text input field.
- * Country:** A dropdown menu with a search icon.
- Attention:** A text input field.
- URL:** A text input field.
- Vendor Fax Number:** A text input field.
- Email Address:** A text input field.
- Set as Default Address:** A dropdown menu set to "No". A red arrow points to this dropdown.
- Active Indicator:** A checked checkbox.
- add:** A blue button. A red arrow points to this button.

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

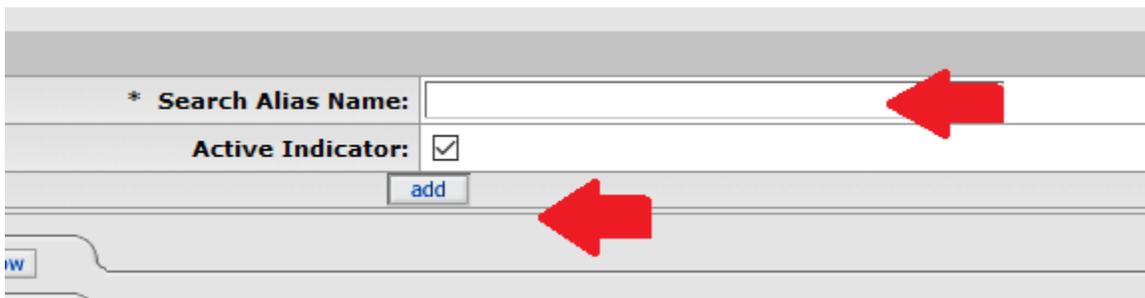
A screenshot of a web form for adding a new address. The form contains the following fields and controls:

- * Address Type:** A dropdown menu set to "RM - Remit". A red arrow points to this dropdown.
- * Address 1:** A text input field.
- Address 2:** A text input field.
- * City:** A text input field.
- State:** A dropdown menu with a search icon.
- Postal Code:** A text input field.
- Province:** A text input field.
- * Country:** A dropdown menu with a search icon.
- Attention:** A text input field.
- URL:** A text input field.
- Vendor Fax Number:** A text input field.
- Email Address:** A text input field.
- Set as Default Address:** A dropdown menu set to "Yes". A red arrow points to this dropdown.
- Active Indicator:** A checked checkbox.
- add:** A blue button. A red arrow points to this button.

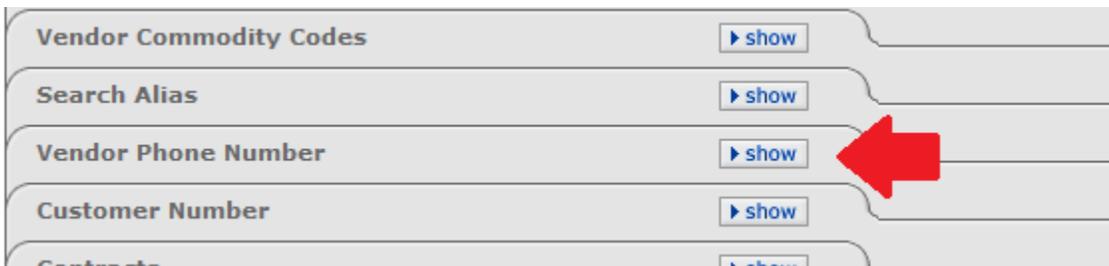
36. If the vendor has listed a second name on line 2 of the W9, (DBA Name) click on the Show button next to Search Alias



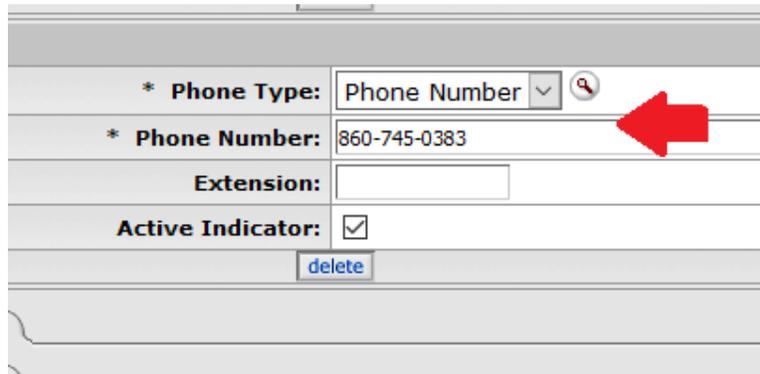
37. Enter the DBA Name as the Search Alias and click Add. Be sure to type this exactly as it is listed on Address Line 1



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

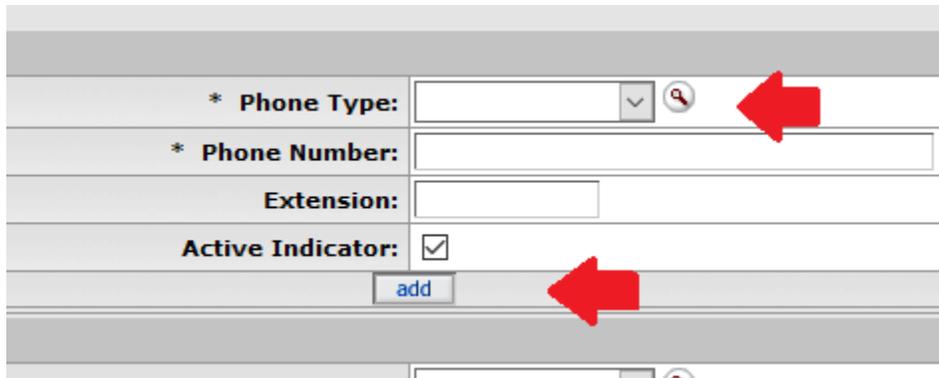


39. Verify the phone number was entered correctly based on the vendor form



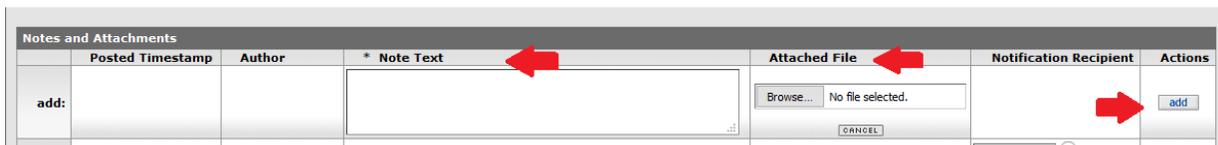
A screenshot of a web form for adding a phone number. The form has the following fields: *** Phone Type:** a dropdown menu with "Phone Number" selected and a search icon; *** Phone Number:** a text input field containing "860-745-0383"; **Extension:** an empty text input field; **Active Indicator:** a checked checkbox. Below the fields is a "delete" button. A red arrow points to the "Phone Number" field.

40. If there is a phone number listed on the vendor form that was not added to the edoc, enter it and click Add



A screenshot of a web form for adding a phone number. The form has the following fields: *** Phone Type:** an empty dropdown menu with a search icon; *** Phone Number:** an empty text input field; **Extension:** an empty text input field; **Active Indicator:** a checked checkbox. Below the fields is an "add" button. Red arrows point to the "Phone Type" dropdown, the "Phone Number" field, and the "add" button.

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



A screenshot of a "Notes and Attachments" table. The table has the following columns: **Posted Timestamp**, **Author**, *** Note Text**, **Attached File**, **Notification Recipient**, and **Actions**. The "add:" row is currently empty. A red arrow points to the "Note Text" column, another red arrow points to the "Attached File" column, and a third red arrow points to the "add" button in the "Actions" column. The "Attached File" column contains a "Browse..." button and the text "No file selected.". A "CANCEL" button is also visible below the "Attached File" column.

42. Click Approve

Orley, Alexander J | Vendor form and W-9 taxed 7/26/16



The screenshot shows a web interface for vendor approval. At the top, there is a header with the name 'Orley, Alexander J' and the document title 'Vendor form and W-9 taxed 7/26/16'. Below the header are two rows, each containing a 'show' button. At the bottom of the interface is a horizontal bar with several buttons: 'send ad hoc request', 'save', 'reload', 'approve', 'approve', and 'close'. A red arrow points to the second 'approve' button.

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.



The screenshot shows a confirmation dialog with a single button labeled 'yes'. A red arrow points to the 'yes' button.

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