



# VENDOR INFORMATION FORM

**PAYMENTS WILL NOT BE RELEASED UNTIL THIS FORM IS COMPLETED AND RETURNED**

Federal law requires that we have on file a W-9 form with the Employer ID number or Social Security number and signature for each vendor to whom the University makes a payment. Our records show that we do not have a current W-9 on file for you, and if you wish to do business with UNCSA we need this information. Please complete this form which serves as a substitute for a W-9 and return it via mail to the **University of North Carolina School of the Arts**, Purchasing Department, 1533 South Main St., Winston-Salem, NC 27127 or **fax it to 336-631-1536**.

**Vendor Name** \_\_\_\_\_  
**(As Shown on TIN)**

**Business Name or DBA:** \_\_\_\_\_  
**(if different from above)**

**Please check (v) one and complete:**

**Taxpayer Identification Number (TIN):** \_\_\_\_\_

**Employer Identification Number (EIN):** \_\_\_\_\_  
(for corporations, Trusts, Estates, Pension Trust Associations, Clubs, Religious, Charitable, Educational, or other tax exempt organizations, partnerships, Brokers or registered nominees)

**Social Security Number (SSN):** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
(For individuals and Sole Proprietorships)

**Out of State Vendors Providing Services to UNCSA must complete:**

**Out of State Vendors** - 4% North Carolina Withholding is required for Out of State Vendors

1. Payments for personal services performed in North Carolina by a non-resident individual.
2. Payments for personal services performed in North Carolina by a non-resident entity.

**Exceptions to the Withholding**

1. Payments to ordained or licensed members of the clergy.
2. A limited liability company that has obtained a certificate of authority from the NC Secretary of State. Provide your certificate number \_\_\_\_\_.
3. A nonresident limited partnership that has a permanent place of business in North Carolina. Provide Federal Tax Number and address in North Carolina \_\_\_\_\_.
4. A nonresident corporation that has obtained a certificate of authority from the NC Secretary of State. Provide your certificate number \_\_\_\_\_.
5. A tax exempt letter from an entity that is exempt from Federal Taxes, such as a 501(c)(3). **Please submit tax exempt letter with vendor information form.**

	Order From Address (SEND ORDER TO)	Remit to Address (PAYMENT)
Address 1		
Address 2		
City		
County		
Zip Code		
Contact Person		
Email Address		
Phone Number		
Fax Number		

**CHECK ALL THAT APPLY:**

Legal Status	Business Classification	Individual Status	Payment Terms
<input type="checkbox"/> Corporation	<input type="checkbox"/> Minority Owned	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Net 30
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> { } African American	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Partnership	<input type="checkbox"/> { } Hispanic American	<input type="checkbox"/> UNCOSA Student	
<input type="checkbox"/> Non or not for Profit	<input type="checkbox"/> { } Asian American	<input type="checkbox"/> UNCOSA Parent	
<input type="checkbox"/> Non Resident Alien	<input type="checkbox"/> { } American Indian	<input type="checkbox"/> UNCOSA Employee	
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Independent Contractor	
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Disabled Owned		
	<input type="checkbox"/> NC State Agency		

Please list the type of product(s) and/or service(s) that your company provides.

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**Certification** – Under penalties of perjury, I certify that: (1) the number shown above is my correct taxpayer identification number, (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 IRS that I am subject to backup withholding; (3) I am a U.S. Person (including a U.S. resident alien); and (4) the information provided is complete and accurate as of this date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Title: \_\_\_\_\_

**For Office Use Only:** BANNER Vendor Number \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials: \_\_\_\_\_