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-glance/w-8.html.

Return to CU.
Do not send to
IRS.

nups://wv	vw.cu.eau/psc/iorms	/quick-giance/w-8.ntml.						
CU Contact Information To be completed by CU department prior to sending to vendor								
Name:			E	mail Address:				
Campus & Department:			Ca	mpus Phone:				
Vendor Name and Information								
Legal I	Name:			BA (Business) e, if different:				
Employer Identification Number (EIN) Or Social Security Number (SSN) Taxpayer Identification Number:								
Entity Ty	ne Individ	ual Corporation	Partnership		Non-profit			
(check or	no):	oprietor LLC	LLP		Other - Explain:			
Vendor Contact Name:				Phone:	<u> </u>	Fax	c	
Legal Mailing Address	Line 1:							
	Line 2:							
	City, State, Zip:							
	Email Address:							
Ordering Address, if different than Legal		Method to Receive Orders: Email Fax						
	Line 1:	_						
	Line 2:							
	City, State, Zip:					Phone:		
	Email Address:					Fax:		
Remit To Address, if different than Legal	Line 1:							
	Line 2:							
	City, State, Zip:					Phone:		
	Email Address:				Payment Terms:		•	
If 'Individual' entity selected, above: All other vendors:								
Page 1 of this 2-page form is required. Sign and date the Certifications Complete both pages of this 2-page form. Remember						_		
		nit as instructed on the bottom of th		the Certifica		elow. Failure to complete all sections		
			. 0		could result in p	ayment dela	ıys.	
Certifications								
Under penalties of perjury, I certify by signing below 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								
. ,	subject to backup withh		or to rain waiting for a na	TIDEL TO DE 133UC	od to moj, 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 IRS has notified the that I am no 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;								
(2) be subject to administrative remedies including suspension and debarment; and,								
(3) be ineligible for participation in programs conducted under the Authority of the Act.								
Signature:						Date:		

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Legal Name:		DBA (Business) Name, if different:							
Business Classification & Diversity Information									
For additional descriptions, see: https://www.cu.edu/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 Busines	ss Concern (LBC)	or							
Dominant in fie (FAC 9.201).	eld 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-Ow	vned Business Enterprise (MBE)	Small Disadvantaged Business (SDB)							
minority indi • African Am • Asian-Paci • Native Am	% owned, controlled and operated day-to-day by one or more viduals; includes the following categories: oerican • Hispanic American • Asian-Indian American erican (American Indian, Eskimo, Aleut, Native Hawaiian) uned Business Enterprise (WBE)	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								
	rement in day-to-day operations.	Woman-Owned Small Business (WOSB)							
		Minimum 51% owned, controlled and operated day-to-day by one or more women.							
		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 Certificati	ions section on Page 1 before submission!							