

Instructions for Completing the Vendor Information Form

(Paper and Adobe Sign)

U of I Department:

Please complete the "UI Department Requesting Information" section and follow instructions from Adobe Sign or send to vendor.

Forms without this section completed will not be processed.

Please use the 2nd Party Form for contracts or receivables.

Vendor:

Complete the form – Steps 1-3 below

Fill in information as you would on **tax documents** for the entity providing goods or services.

We must have a tax ID (SSN, ITIN, or EIN) for US Citizens, Permanent Residents, and US Companies. See Additional Instructions on page 6 for more information.

Sign and Submit the Form – Step 4 below

To help ensure the security of your tax identification information submitted this form via one of the two options below:

1. Instructions from Adobe Sign
2. Mail this form directly to:
Vendor Maintenance Section
1817 S. Neil Street, Suite 210, MC-660
Champaign, IL 61820

Note: If you submit through Adobe Sign you do NOT need to mail a hardcopy.

Documents must be signed and dated.

UI Department Requesting Information

Today's Date _____

U of I Department name _____

Contact Person _____

Phone Number _____ Email _____

University Chicago Springfield Urbana/Champaign

Transaction Purchase Order Chrome River

Add to iBuy Yes No

New Vendor Update Existing Vendor Vendor ID _____

Types of Good and Services Provided

Goods Services Attorney Royalties Medical Honorarium

Other Please describe: _____

Vendor Information Form

The Vendor Information Form is the University of Illinois substitute for the Federal W9 form and is considered a legal document. Forms must be completed and signed by the individual/entity to receive payment.

If you need help, e-mail us at uivendor@uillinois.edu or phone 217-333-6583.

Vendors, please complete the information in steps 1 through 4:

Additional form information and explanations at end of the form.

Step 1 - Tax information – Please enter as it appears on tax return

Individuals:

First Name _____ Middle _____ Last Name _____

Birth Date _____ U.S. Citizen *US Permanent Resident **Non-US Citizen

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN): _____

*Attach copy of Permanent Resident Card

** Attach [W-8BEN](#) OR [W-9](#)

Businesses:

Business (DBA) name _____

U.S. Company *Foreign Vendor with US Presence **Foreign Vendor

Employer Identification Number (EIN): _____

Is this a disregarded entity for tax purposes Yes No

Parent Company/Owner Name (if applicable) _____

Parent Company/Owner EIN _____

*Attach form: [W-8ECI](#)

**Attach form [W-8BEN](#), [W-8BEN-E](#), OR [W-8EXP](#)

Step 1 - Tax information – con't

Please mark all boxes that apply:

Individual (TI)	Corporation/Incorporated (TC)	Med Health Care Services Provider (TM)
Sole Proprietor (TI)	Corporation LLC (TL/TC)	Real Estate Agent (TR)
Sole Proprietor LLC (TL/TI)	Government Entity (TG)	Attorney (AT)
Partnership (TP)	Not-for-Profit Corporation (TN)	Trust or Estate (TT)
LLC Partnership (TL/TP)	S-Corp/Solely Owned Corporation (TC)	Tax Exempt Organization (TE)

Exemptions (if Applicable) - Instructions click [Here](#)

Exempt payee code(s) (List all that apply separated by commas) _____

Exempt from FATCA Reporting code(s) (List all that apply separated by commas) _____

Permanent Residence/Corporate Office Address

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____ Email _____

Payment Address (if different than above)

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____ Email _____

Purchase Order Address (if different than above)

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____ Email _____

Types of Goods and Services Provided

Goods Services Attorney Royalties Medical

Other Please Describe: _____

Step 2 -- Type of Operation (optional, check all that apply)

Diverse Business

American Indian or Alaska Native (CN)	AsianAmerican (CM)	Black or African American (CA)
Hispanic or Latino (CH)	Native Hawaiian or Pacific Islander (CP)	Disabled (CD)
Female (CW)	Sheltered Workshop (CR)	

Certifying Organization (if applicable- Provide letter(s) of certification from certifying agency with this form

CMS - Illinois Department of Central Management Services Business Enterprise Program (C2)

CMSDC - Chicago Minority Supplier Development Council (C3)*

IDOT - (Illinois Department of Transportation (C4)*

WBDC - Women's Business Development Center (C5)*

Other (Please specify): _____

Small Business - check all that apply

Is your business considered a Small Business with the State of Illinois? (B2) Yes No

Is your business considered a small business with the Federal Government Small Business Administration (SBA) (B3)? Yes No

Small disadvantage business (CE)

Women-owned small business (CF)

Veteran-owned small business (CG)

HUBZone small business (CZ)

Service-disabled veteran-owned small business (CS)

Veteran Business - check all that apply

Veteran-owned small business/VOSB (CG)

Service-disabled veteran-owned small business/SDVOSB (CS)

Step 3 – Accounts Receivable Contact and Payment Options

Please provide the following information for an Accounts Receivable representative

Name _____ Title _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone _____ Fax _____ Email _____

The University of Illinois is proud to offer two different electronic payment methods to choose from: ePayables or ACH

How would you like to receive your payments from the University?

ePayables Virtual Credit Card or ACH (direct deposit) Must have a **United States bank account** for ACH

- An ePayables transaction is an electronic payment that is sent directly to your virtual credit card, along with a payment notification email and remittance advice details from the email you provide to the program. You then pull the funds off the card. A small processing fee is charged to your card from your card processor.
- An ACH transaction (direct deposit), is an electronic payment that is sent directly to your bank account. Please work with your bank to verify that you can receive the remittance advice. We send a standardized ANSI 820CTX EDI format.

Paper Check – Please ensure mailing address is correct. Preferred for one-time payments.

To be enrolled in the ACH program, you MUST have a US bank account. A separate ePayables or ACH Agreement will be required to receive electronic payments. Once we have processed this Vendor Information Form, a separate email from OBFS UIVendor will be sent to you with a link (Adobe Sign) to our electronic payments agreement. Please use that link to complete the agreement. You will receive an email notification when you have been setup for electronic payments. Please feel free to contact uipayments@uillinois.edu with any questions.

Step 4 -- Certification and Signature

For US based:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number 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. person (including a U. S. resident alien).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with the University of Illinois is currently Subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third-party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U. S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following websites: [System for Award Management](#) and [State of Illinois Office of Inspector General](#). University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed bylaw.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of thisform.

For Non-US:

I certify that the information provided in this form is true, correct, and complete. I understand that any misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by applicable law.

Vendor Signature - This form is NOT valid unless signed and dated

Signature _____ Date _____

Printed Name _____ Phone Number _____

Email _____

Please enter any additional relevant information below:

Vendor Information Form - Additional Instructions

You must provide a Social Security Number (SSN) for the University of Illinois to process a payment. The University is required by federal law to report such payments, along with SSNs, to federal and state agencies on tax forms. The University will not disclose a recipient's SSN without the consent of the recipient to anyone outside the University except as permitted or required by law.

Your failure to provide a correct name and SSN may subject your payments to 24% federal income tax withholding. If you do not provide us with information, you may be subject to a \$50 penalty imposed under Internal Revenue Code section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you may be subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

W-9 Taxpayer Information. Link: [W-9 Form](#)

- * If you use a SSN, the IRS requires that you include the name of the individual whose SSN has been entered.
- * **Non-profit organizations and government agencies:** List your Taxpayer Identification Number as recorded with the IRS.
- * **Sole Proprietors:** Must enter your individual name (as shown on your Social Security card) on the Name of Individual or Business Name line as well as your business or "doing business as" name on the Business Name line. For the Taxpayer Identification Number, enter either your Social Security Number or the Federal Employer Identification Number of the business.
- * **Business Name:** Enter the name of the entity as it is listed with the IRS on the Form SS-4, Application for Employer Identification Number. This name should be consistent with the name used on your tax returns.
- * **Foreign companies:** Complete the appropriate W-8 and submit with the Vendor Information Form to the Vendor Maintenance Department
- * **Foreign individuals:** Complete the [W-8BEN Form](#) and return it directly to the University Department Contact listed at the top of this form.

Non-Resident Alien: Attach [W-8BEN Form](#) - [W-8BEN Instructions](#)

Foreign Vendors with US Presence: Attach [W-8ECI Form](#) - [W-8ECI Instructions](#)

Foreign Vendors: Attach appropriate W-8 form linked below.

[W-8BEN Form](#) - [W-8BEN Instructions](#)

[W-8BEN-E Form](#) - [W-8BEN-E Instructions](#)

[W-8EXP Form](#) - [W-8EXP Instructions](#)

Disregarded Entity: A business entity that is separate from its owner, but which elects to be disregarded from the business owner for federal tax purposes.

Diverse Business

You are considered a diverse business if you meet the following criteria:

- At least 51 percent owned and controlled by persons who are minority, female, or persons with a disability.
- Must be a United States Citizen or Lawful Permanent Resident
- Average annual gross sales of less than \$75 million Small Business

Small Business

You are considered a small business if you meet the following criteria:

- An Illinois business
- Annual gross sales:
 - Retail/Service less than \$6 Million
 - Wholesale less than \$10 million
 - Construction less than \$10 Million
 - Manufacturing less than \$10 Million and less than 250 employees Veteran Business

Veteran Business

You are considered a veteran business if you meet the following criteria

- Home office must be located in Illinois
- Annual gross sales must be under \$75 million
- At least 51 percent owned and controlled by Veteran-owned small business (VOSB) or Service-disabled veteran-owned small business (SDVOSB) living in Illinois