

**Part I Taxpayer Information**

Name (Must match IRS records)	
Business Name, if different from above. (DBA)	
Address (number, street and apt. or suite no.)	<b>Requester's name and address</b>
City, State and ZIP code	Ferris State University Purchasing Office 420 Oak Street PRK250 Big Rapids, MI 49307 Fax: 231-591-3902
Check ONE appropriate box: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> FRANCHISE <input type="checkbox"/> NOT FOR PROFIT <input type="checkbox"/> GOVERNMENT	
Check as many as apply: <input type="checkbox"/> Medical Service Provider (1099) <input type="checkbox"/> Lawyer/Attorney (1099) <input type="checkbox"/> Foreign <input type="checkbox"/> Sales of Goods/Merchandise (Possible 1099) <input type="checkbox"/> Service/Installation/Maintenance (Insurance required – Possible 1099)	

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

Enter your TIN in the appropriate box. For individuals, this is your Social Security number (SSN). <b>However, for a resident alien or sole proprietor see page 2 of the IRS form W-9.</b> 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 2 of the IRS form W-9. <a href="#">Link to IRS W9 Form</a>	Social Security number <hr/> Employer Identification number
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**Part III Taxpayer Information**

**Reference FAR 52-219-1(2) misrepresentation of a firms size status and FAR 19.102 federal size standard, in order to comply with the following:**

Type of Business:     Small Business     Large Business     Historically Black Colleges & Universities     Other

Company is more than 50% Owned, Controlled and Actively Managed by a:     SDB     Woman Owned     HubZone     Veteran Owned     Service Disabled  
 Minority Owned     None of the Above

Please indicate whether a Ferris State employee is:     Stockholder     Director     Member     Partner     Employee

Preferred Payment Method:     Mail     EFT     Visa/Mastercard

E-Mail Address	Web Address
<b>Remit to Address:</b> (If different than above)	Phone:
	Fax:

**Conflict of Interest Check**

The undersigned certifies that to the best of his/her knowledge: (Please Initial all that apply)

\_\_\_\_\_ There is no officer or employee of Ferris State University who has, or whose relative has, a substantial interest in any contract award or purchase made by FSU.

\_\_\_\_\_ The names of any and all public officers or employees of Ferris State University who have, or who's relative has, a substantial interest in any contract award or purchase made by FSU are identified by name below as part of this submittal.

\_\_\_\_\_ The company listed below is a registered Minority or Woman owned business. I have included a copy of my company registration for documentation.

**The undersigned further certifies that their firm (check one) \_\_\_ IS or \_\_\_ IS NOT currently debarred, suspended, or proposed for debarment by any federal entity. The undersigned agrees to notify the University of any change in this status, should one occur, until such time as an award has been made under this procurement action.**

**Part IV Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- 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.
- The information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any agency of the Federal Government from making offers for furnishing materials, supplies, or services to the Government or any agency thereof.
- Comply with Truth in Negotiations (Public Law 87-653)(FAR 15.804-2) at <http://gsa.gov/far/90-37/html.15.html>

**Certification Instructions.** – You must cross out item 2 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 transaction, 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.

<b>Sign Here</b>	Signature _____ Date _____
	Print/Type Name _____ Title _____