

Vendor Information/Certification Form
U.S. Probation Office Western
District of North Carolina

Vendor Information:	Remit To Address If Different From Order Address:
Name (as shown on your tax records)	Remit to Business Name
Business Name (if different from above)	Remit to Address 1
Order Address Line 1	Remit to Address 2
Order Address Line 2	City
City	State _____ Zip Code _____
State _____ Zip Code _____	
Taxpayer Identification Number (TIN): SSN or Federal ID#	
DUNS Number (if applicable)	
Telephone Number	

Type of Organization for 1099 reporting:

- | | |
|--|--|
| <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> partnership |
| <input type="checkbox"/> corporate entity (not tax-exempt) | <input type="checkbox"/> corporate entity (tax-exempt) |
| <input type="checkbox"/> health care provider | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> government entity (write in either federal, state or local) | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
- 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 and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
- I am a U.S. citizen or other U.S. person (*defined below*).

_____ You must check this line 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. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Definitions:

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

_____ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;

_____ The vendor is an agency or instrumentality of a foreign government;

Additional information required for vendors used for procurement

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group. If you are completing this form as an individual and do not represent a business, please select "not applicable" below.

- Woman-Owned Business
- Minority-Owned Business (If yes, please select the owner's race/ethnicity below):
 - Asian-Pacific American Black American Subcontinent Asian (Asian-Indian) American
 - Hispanic American Native American Minority other than one of the preceding
- Not Applicable (This business is neither woman-owned nor minority-owned.)
- The vendor is an agency or instrumentality of a foreign government;

Vendor Signature: _____

Date: _____

Printed Name of Signing Authority: _____

RETURN COMPLETED FORM TO: Michele_Dooley@ncwp.uscourts.gov OR Vickie_Snyder@ncwp.uscourts.gov

OR by fax: 704-344-6319

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors formerly (CCR) vendors. (Check www.sam.gov for registration status.) If vendor is registered, please complete only this section and attach SAM screen prints of required information for entry into FAST. (Note: The DUNS # is entered under the Classification Info button on the Address tab in FAST vendor records.) Note that socio-economic data is required for vendors used for procurement (purchase orders, contracts, etc.). Do not use this form for purchase card merchants.

For 1099 vendors, set up an address code to exactly match the vendor's name (as shown on tax records) and check the "1099 address" box. If remittance is made to a different business name, set up an additional address code with this information. Business names that are not used for remittance may be added as an "alias" on the general heading tab.

Vendors that require 1099:	Sole proprietorship Partnership Health care provider (including corporations, but not government entities)
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Vendors that do not require 1099:	Corporate entity (regardless of tax-exempt status) Government entity
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Entry format standardization: use all uppercase letters with no punctuation (USPS formatting standards); abbreviate using DR, ST, etc.; and use DEFAULTORG as the security organization.

Mark boxes that apply: Addition Change* Vendor Code: _____ (if different from TIN or reporting a change)