

Substitute W-9 / Direct Deposit Form and Instructions

Instructions: Use this form ONLY if you are a US person, including US permanent resident, or US company. Return this form to Boise State University, Procurement and Vendor Services, 1910 University Drive, Boise ID 83725-1210 or email directly to p2p suppliers@boisestate.edu or fax to (208) 426-4460. **DO NOT SEND TO THE IRS.**

Part I Substitute W-9 Tax Identification (always required)				
Legal Name (as shown on your income tax return) Legal name is required on this line; do not leave blank.				
Business Name/ Disregarded Entity Name (if different from above)				
Legal Physical Mailing Address:				
City	State	Zip		
Remit Address (if different from above)				
City	State	Zip		
Contact Name:	Phone:	E-mail:		
Check the appropriate box for Federal Tax Classification; check only one of	f the boxes:			
Individual/Sole C -Corporation S- Corporation Proprietor/Single-member LLC	Partnership Trust/Estate	Exemptions (codes apply only entities, not individuals; see i page 2):		
Limited Liability company. Enter tax classification (C=C corporation)	, S=S corporation, P=Partnership)	Exempt Payee code (if any)		
Other (see instructions)		Exemption from FATCA reporting code (if any) (Applies to accounts main	intained outside the US)	
Taynayar Idantification Number (TIN) /DUNC Number		(Applies to accounts ma	intained outside the obj	
Taxpayer Identification Number (TIN)/DUNS Number Enter you Taxpayer Identification Number (TIN) in the appropriate box. The TIN provided must match the Legal name given to avoid backup withholding. Social Security Number (SSN) Employer Tax Identification Number (EIN) Dun & Bradstreet (DUNS) number, if available				
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Check all that apply & include the NAICS Code Number if applicab	le .			
Small Business (less than 500 employees) Minority-Owned	Veteran-Owned	HUB Zone Small Busine	!SS	
Small Disadvantaged Business Woman-Owned	Service-Disabled Veteran-Owned	NAICS Code Number:		
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); 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 or dividends, or (c) the IRS has notified me that I am no longer subject to 				
backup withholding; and				
3. I am a US citizen or other US person (including a US permanent r	· · · · · · · · · · · · · · · · · · ·			
4. The FATCA code(s) entered on this form (if any) indicating I am e	· · · · · · · · · · · · · · · · · · ·			
5. The Small Business classification representations are current acc	· · · · · · · · · · · · · · · · · · ·		·	
Certification Instructions: You must cross our item 2 above if you have		ently subject to backup withholo	ling because you failed	
to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. Wet Signature of US person or company official & title Date				
SIGN HERE X	. title	X		
Part II Direct Deposit Authorization (Optional): To receive payment ele	ectronically, you must complete Part I and	Part II and attach a voided chec	k (original or pdf copy)	
or a bank verification letter of your checking or savings account number. Deposit slips cannot be used. Invalid account information will be rejected by the financial institution and generate a notice of change. A notice of change will void this request form and future payment will be made by Boise State University check.				
	Number: (Change From/Canceling Deposi			
If changing account numbers or cancelling direct deposit, p	lease provide the account number you a	e changing from or canceling d	eposit to.	
Accountholder Name/Title (Title required if company account)				
Account Type: Checking Account Savings Account En	mail Address:			
I hereby authorize and request Boise State University, Procurement and Vendor Services Department, to credit/deposit payments to the designated account. I agree to abide by the National automated Clearing House (NACHA) rules with regard to these entries. In the event an erroneous payment occurs, creating an over-payment, I will issue a				
reimbursement check or credit memo to Boise State University, Accounts Receivable, within 14 days. Boise State University may utilize any other lawful means to recover				
payment to which I am not entitled, including deducting the amount owed f	• •	• •		
My signature below, certifies that I have read and understand the informa		· ·		
accurate and that I am an authorized signer to the designated account and a		it on behalf of the account hold		
1. WET SIGNATURE OF ACCOUNT HOLDER NAME/TITLE X	1. PRINTED NAME		1. DATE	
2. WET SIGNATURE OF JOINT ACCOUNT HOLDER NAME/TITLE X	2. PRINTED NAME		2. DATE	

Page 2 of 2 Rev 05/2020

Instructions - Part I Substitute W-9 Tax Identification

The full IRS Form W-9 Instructions are available upon request or visit the IRS website at www.irs.gov

Specific Instructions

If you do not return this (Substitute W-9) form to Boise State University, Accounts Payable with a TIN, you might be subject to backup withholding.

If you are a U.S. person and a requester gives you a Substitute W-9 form (other than the IRS Form W-9) to request your TIN, you must use the requester's form if it is substantially similar to the IRS Form W-9.

If you are a nonresident alien or a foreign entity, give the requester the appropriate Form W-8.

Penalties

Failure to furnish your correct name and TIN to a requester, will delay processing of your payment and may subject you to a penalty of \$50 imposed by the IRS under 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.

If you willfully falsify certifications or affirmations, you may be subject to criminal penalties including fines and/or imprisonment.

If Boise State University discloses or uses TINs in violation of federal law, we may be subject to civil and criminal penalties.

What Name and Number to Give the Requester

Type of Payee	Name to Use	SSN/EIN
Individual	Individual	SSN
Sole Proprietor or	Owner	SSN or EIN
Single-member LLC	(dba) line below	
Limited Liability	Entity	EIN
Company		
Partnership	Partnership	EIN
Corporation	Corporation	EIN
Other	Organization	EIN

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space any code(s) that may apply to you.

Payee Exempt	Identity of Exempt Payee
Code	
1	An organization exempt from tax under section 501(a), any
	IRA, or a custodial account under section 403(b)(7) if the
	account satisfies the requirements of section 401(f)(2)
2	The United States or any of its agencies or instrumentalities
3	A state, District of Columbia, U.S. commonwealth or
	possession, or any of their political subdivisions or
	instrumentalities
4	A foreign government or any of its political subdivisions,
	agencies or instrumentalities
5	A corporation
6	A dealer in securities or commodities required to register in
	the U.S., District of Columbia, or U.S. commonwealth or
	possession
7	A futures commission merchant registered with the
	Commodity Futures Trading Commission
8	A real estate investment trust
9	An entity registered at all times during the tax year under the
	Investment Company Act of 1940
10	A common trust fund operated by a bank under section
	584(a)
11	A financial institution
12	A middleman known in the investment community as a
	nominee or custodian
13	A trust exempt from tax under section 664 or described in
	section 4947

However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

FATCA	Identity of Exempt FATCA Payee
Payee	
Exempt Code	
Α	An organization exempt from tax under section 201(a) or any
	individual retirement plan as defined in section 7701(a)(37)
В	The United States or any of its agencies or instrumentalities
С	A state, District of Columbia, U.S. commonwealth or
	possession, or any of their political subdivisions or
	instrumentalities
D	A corporation the stock of which is regularly traded on one or
	more established securities markets, as described in
	Regulations section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated
	group as a corporation described in Regulations section 1.1472-
	1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial
	instruments (including notional principal contracts, futures,
	forwards, and options) that is registered as such under the laws
	of the U.S. or any state
G	A real estate investment trust
Н	A regulated investment company as defined in section 851 or an
	entity registered at all times during the tax year under the
	Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in
	section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g)
	plan

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct name and TIN to persons who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states and the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. The information may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers may withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer.

Instructions – Part II Direct Deposit Authorization (optional)

To receive payments electronically, you must complete and sign **Part I** and **Part II. Attach a voided check** (original or pdf copy). If you are unable to provide a voided check, a bank verification document of your checking or savings account information may be used instead. **Deposit slips cannot be used**.

To receive notification of submitted EFT payments please provide a valid Email address in the space provided in Part II.

If changing account numbers or canceling your direct deposit, please provide the old account number in the space provided in Part II.

Return signed Substitute W-9 / Direct Deposit Form to Accounts Payable by email to p2p suppliers@boisestate.edu, by mail to Boise State University, Procurement and Vendor Services, ATTN Vendor Specialist, 1910 University Drive, Boise ID 83725-1210 or by fax to (208) 426-4460.