Instructions for the Vendor Information Form

CSU Department Requesting Vendor Payment

Complete the section below entitled “To Be Completed By University” prior to sending form to the vendor. This section must be completed for the form to be processed.

Instructions for the Vendor

Step 1 -- Complete the form

You may complete this form in two ways:

- Type in your information (begin with Section 1- Tax Information). Print the form, sign it, and submit to the address below.

OR

- Print the form first, provide your information (begin with Section 1- Tax Information), sign it, and submit to the appropriate address below.

Step 2 -- Submit the Form

To help ensure the security of your tax identification information, return this form directly to:

Mail: Chicago State University
      Purchasing Department, ADM 208
      9501 S King Drive
      Chicago, IL 60628

Fax: (773) 995-4492
     You do not need to mail a hardcopy if the form is faxed.

Non-Resident Aliens – Return the completed and signed W8BEN along with this Vendor Information Form to the requesting department contact listed on Page 1.
Vendor Information Form

This form must be completed prior to receiving payment from Chicago State University. For assistance e-mail us at (csu-purchasing@csu.edu) or phone (773-995-2424).

STEPS 1 THROUGH 4 MUST BE COMPLETED BY THE VENDOR

Step 1 – TAX INFORMATION

Note: Name must agree with IRS records.

Name of Individual or Business Name (if sole proprietor, please list name of owner and name of business.)

Print or Type: ________________________________________________________________

[ ] Current Chicago State University Employee [ ] Current Chicago State University Student

Parent Company Name (if different from above)

Print or Type: ________________________________________________________________

Taxpayer Identification Number (TIN)
Enter Social Security Number or Employer ID Number/FEIN ________________________________

Please mark all boxes that apply:

DUNS Number: ____________________________

[ ] Individual [ ] Corporation/Incorporated (TC) [ ] Gov Entity (TG)
[ ] Sole Proprietor [ ] Med Health Care Srcs Prov (TM) [ ] Nor-for-Profit Corp (TN)
[ ] LLC Sole Proprietor [ ] Real Estate Agent (TR) [ ] Tax Exempt Org (TE)
[ ] LLC Partnership (TL/TP) [ ] Attorney (AT) [ ] Foreign Vendor (VF)
[ ] LLC Corporation (TL/TC) [ ] Partnership (TP) [ ] Trust or Estate (TT)

Purchasing 3/15
Permanent Residence/Corporate Office Address

Address ____________________________________________________________
City ___________________________ State ___________________ Zip Code ____________
Phone _________________________________ Fax _________________________________
E-mail ______________________________________________________________

Payment Address (if different from above)

Address ____________________________________________________________
City ___________________________ State ___________________ Zip Code ____________
Phone _________________________________ Fax _________________________________
E-mail ______________________________________________________________

Purchase Order Address (if different from above)

Address ____________________________________________________________
City ___________________________ State ___________________ Zip Code ____________
Phone _________________________________ Fax _________________________________
E-mail ______________________________________________________________

**Individuals:** Please check the appropriate classification.

[ ] U.S. Citizen

[ ] Resident Alien - Must provide a copy of their permanent Resident Card when submitting this form.

[ ] Non-Resident Alien - Not required to certify in Step 4, but must attach form W-8BEN.

**Businesses:** Please check the appropriate classification.

[ ] U.S. Company

[ ] Foreign Vendor with US Presence - Not required to certify in Step 4, but must attach form W-8ECI

[ ] Foreign Vendor - Not required to certify in Step 4, but must attach form W-8BEN or W-8EXP where appropriate.

[ ] Small Business - As defined by the State of Illinois. (30 ILCS 500/45-45) Please attach proof of registration as a small business in the State of Illinois.
Types of Goods/Services Requested
[ ] Goods [ ] Services [ ] Attorney [ ] Royalties [ ] Medical
[ ] Other Please Describe: ____________________________________________

Step 2 – Check what applies under Diverse Business OR Small Business

Diverse Business
[ ] African American (CA) [ ] Asian American (CM) [ ] Female (CW)
[ ] Hispanic American (CH) [ ] Alaskan Native/ Native American (CN) [ ] Veteran (CV)
[ ] Disabled (CD)

-OR-

Small Business
[ ] Small business (B2) [ ] Small disadvantaged business (CE)
[ ] Women-owned small business (CF) [ ] Veteran-owned small business (CG)
[ ] HUBZone small business (CZ) [ ] Service-disabled veteran-owned small business (CS)

Certifying Organization
[ ] DCMS (Department of Central Management Services) Business Enterprise Program (C2)
[ ] CMBDC (Chicago Minority Business Development Council) (C3)*
[ ] IDOT (Illinois Department of Transportation) (C4)*
[ ] WBDC (Women’s Business Development Center) (C5)*
[ ] Other (Please Specify): ____________________________________________________________________

*Please provide letter of certification from certifying agency when submitting this form.

Step 3—CONFLICT OF INTEREST

The following questions MUST be answered to be considered a vendor. (select yes or no) Yes No

Are you or any officer, director, owner, or partner in this company a student at Chicago State University?

Are you or any officer, director, owner, or partner in this company an employee of Chicago State University?

Have you or any officer, director, owner, or partner in this company been a Chicago State University employee within the last 12 months?

Is a direct family member of any of the above an employee of Chicago State University? (Direct family members include spouse, parent or minor child)

Does any University employee have an ownership interest in your firm that exceeds 7.5%?

Have you or any officer, director, owner, or partner in this company retired from a State Agency?

If Yes to any of the above, please provide the names of the individuals involved below:
Step 4 – CERTIFICATION AND SIGNATURE

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 had 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 (HIPPA), 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 Chicago State University 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 (OIC) List of Exclude 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: http://epls.amer.gov and http://www.state.il.us/agency/oig/search.asp. 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 by law.

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 this form.

Vendor Signature (This form is not considered valid unless signed and dated)

Signature: ________________________________ Date: ______________________________

Printed Name: ________________________________

Phone Number: ________________________________

E-mail (optional): ________________________________
Vendor Information Form Additional Instructions
The University is required by Federal Law to report such payments along with SSN/FEIN to Federal and State Agencies on forms required by law. The University will not disclose a recipient’s SSN or FEIN without the consent of the recipient to anyone outside the University except as mandated by law. Your failure to provide a correct name and Taxpayer Identification Number may subject your payments to 28% federal income tax withholding. If you do not provide us with information, you may be subject to a $50 penalty imposed by IRS under section 6723. If you make a false settlement with no reasonable basis that results in no backup withholding, you are subject to $500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

W-9 Taxpayer Information

• 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 should 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 the Individual or Business Name line as well as your business or “doing business as” name on the Business Name line.

• Business Name: Enter the name of the entity as it is listed with the IRS on the Firm SS-4, Application for Employer Identification Number. This name should be consistent with the name used on your tax returns.

• Foreign companies should complete the appropriate W8 and submit along with the Vendor Information Form to the Vendor Maintenance Department.

• Foreign Individuals should complete the W8BEN and return it directly to the University Department Contact listed at the top of this form.

Resident Alien
Resident Aliens must provide a copy of their Permanent Resident Card when submitting this form.

Non-Resident Alien
Non-Resident Aliens are not required to certify in Part IV, but must attach W-8BEN.

Foreign Vendors with US Presence
Foreign Vendors with US Presence are not required to certify in Part IV, but must attach W-8ECI

Foreign Vendors
Foreign Vendors are not required to certify in Part IV, but must attach W-8BEN or W-8EXP as appropriate.

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, women or designated as disabled.
• Must be a United States Citizen or Resident Alien.
• Average annual gross sales over the last three years must be under $31.4 million.

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

• An Illinois business
• Annual gross sales
  o Retail/ Service less than $6 million
  o Wholesale less than $10 million
  o Construction less than $10 million
  o Manufacturing less than $10 million and less than 250 employees.