

# **Substitute W-9 & Supplier Information Form**

	SUPPLIER INFORMATION						
	NAME (as registered with the IRS)						
	TRADE NAME/DBA						
	PRIMARY ADDRESS (number, street, and apt or suite no)		REMITTANCE ADDRESS (if different from primary)				
	CITY, STATE, and ZIP+4 CODE		CITY, STATE, and ZIP+4 CODE				
1	PHONE	FAX		EMAIL			
-	TAX CLASSIFICATION			EXEMPTIONS			
	☐ INDIVIDUAL/SOLE PROPRIETOR, OR SINGLE-MEMBER LLC		☐ C CORPORATION	EXEMPT PAYEE CODE (if any)			
		PARTNERSHIP	☐ TRUST/ESTATE	EXEMPTION FROM FATCA REPORTING			
	LIMITED LIABILITY COMPANY – Enter tax classification (C=C Corp, S=S Corp.)		<del></del>				
	OTHER			CODE (if any)			
	TAXPAYER IDENTIFICATION NUMBER (TIN)			Will you be selling goods and/or services to			
-			IFICATION NUMBER	UCSF?			
		R		□NO			
		, T		☐ YES*			
	DUN & BRADSTREET NUMBER	UNSPSC CODE (if applica	able)	*If YES, Section 2 Payment Options is REQUIRED			
			,	and invoices must be submitted through Transcepta. See page 2 for details.			
		PAYMENT O					
	1		PURCHASE ORDER EM	AIL			
_	Immediate with Virtual Card/Payment Plus payme	nt (PREFERRED)					
2	2%10,N30 with ACH payment  N30 with ACH payment  N60 with check payment		PURCHASE ORDER FAX				
	·	BUSINESS DIVERSITY					
	FEDERAL CERTIFICATIONS						
	(self-certify on the federal System for Award Manager	nent website)		(self-certify on the State of CA website)			
	☐ ANC1 (Alaska Native Corp not certified as SDB ☐ SBE (Small Busines		s Enterprise)	☐ DBE (Disadvantaged Business Enterprise)			
	with SBA)		,	DVBE (Disabled Veteran Business			
3	ANC2 (Alaska Native Corp not a small business)		isabled Veteran-Owned	Enterprise)			
J	☐ HBCU/MI (Historically Black College or Minority Small Business)  Institution) ☐ VOSB (Veteran-Ow		ed Small Rusiness)	SBE (Small Business Enterprise)			
	Hub Zone (Historically Under-Utilized Small WBE (Women Busi			WBE (Women Business Enterprise)			
	Business)			ABILITY ONE PROGRAM			
				ABILITY ONE			
	UCSF CUSTOMER INFORMATION						
	CONTACT NAME		CONTACT EMAIL				
4							
		CERTIFICA	ATION				
	Under penalties of perjury, I certify that:						
5	<ol> <li>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</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person (defined in the IRS Form W-9 instructions); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> <li>You must cross out item 2 above 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. The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.</li> </ol>						
	SIGNATURE		DATE				
	PRINT NAME		TITLE				
			l				

## Guide for the Substitute W-9 and Supplier Information Form

1. **SUPPLIER INFORMATION** – provide information about your company.

#### 2. PAYMENT OPTIONS

**INDIVIDUALS** – payment will be made by check and immediate terms.

#### **PAYMENT METHODS:**

- Virtual Card/Payment Plus Payment Plus is UCSF's preferred electronic method for issuing payments to suppliers. Payment is
  made via a one-time use virtual credit card number issued by U.S. Bank. Merchant interchange fees apply. For more
  information visit https://supplychain.ucsf.edu/suppliers/virtual-credit-card-payment-plus.
- ACH payment by electronic funds transfer. A business bank account is required.
- Paper check least preferred method of payment. Our goal is to minimize paper check payments made to suppliers.

#### **PAYMENT TERMS:**

- Immediate payment is generated 1 business day after the invoice is processed and fully approved.
- 2%10,N30 a 2% discount is taken if the invoice is paid within 10 days of the <u>invoice received date</u>; otherwise, invoice is paid in full 30 days from invoice date.
- N30 payment is generated 30 days from invoice date.
- N60 payment is generated 60 days from invoice date.

**PURCHASE ORDERS** – provide a fax number and/or email address for Purchase Order delivery.

#### TRANSCEPTA E-INVOICING

- If you answered yes to the question regarding selling goods and services to UCSF, you are required to submit invoices through UCSF's e-invoicing partner, Transcepta.
- Visit <a href="http://connect.transcepta.com/ucsf">http://connect.transcepta.com/ucsf</a> and register to submit invoices.
- There is no cost to use Transcepta.
- Note: Transcepta does not apply to suppliers who submit facility rental invoices, subcontract invoices, and universities. If you
  do business with UCSF Health (Medical Center), Transcepta requirements do not apply to their orders.
- 3. **BUSINESS DIVERSITY** select all for which your business has self-certified as defined in the Ability One Program, the System for Award Management, or on the State of California website. Refer to the links for each program and the State of California for self-certification.
- 4. UCSF CUSTOMER INFORMATION provide your UCSF contact's name and email address.
- 5. **CERTIFICATION** sign and date the Certification.

If you require further assistance in filling out the supplier forms, please send an email to vendors@ucsf.edu.

### **Substitute W-9 Form Disclosures**

#### **PRIVACY ACT NOTICE:**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. 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, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also 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 must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

### **PENALTIES:**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

**ADDITIONAL INSTRUCTIONS**: See IRS Form W-9, Request for Taxpayer Identification and Certification.



# **ACH Enrollment Form**

Electronic Funds Transfer Authorization

	New Request (Not available to individuals. Business bank account required.)				
	Account Change				
PAYEE/COMPANY INFORMATION					
	NAME				
1					
	ADDRESS				
	CITY, STATE, and ZIP+4 CODE				
	A/R CONTACT NAME	A/R CONTACT PHONE			
	BUSINESS EMAIL ADDRESS (for payment notification)	EMPLOYER ID NO (EIN)			
	PREVIOUS PANICING INFORMATION (PEOUIPES IS DECUESTING AN ACCOUNT COMME				
	PREVIOUS BANKING INFORMATION (REQUIRED IF REQUESTING AN ACCOUNT CHANGE)  DEPOSITORY INSTITUTION NAME				
	DEFOSITOR T INSTITUTION NAME				
2	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER			
NEW BANKING INFORMATION					
	DEPOSITORY INSTITUTION NAME				
3	TRANSIT ROUTING NUMBER	ACCOUNT NUMBER			
	ACCOUNT TYPE				
	AUTHORIZATION				
	I hereby authorize the University of California San Francisco (UCSF) to initiate electronic transfer of funds to the acco				
	above using the National Automated Clearing House (NACHA) Cash Concentration or Disbursement (CCD) for settlement of invoices. If funds to which I, or the company I represent, am not entitled are deposited in the account stated above, I authorize				
	the University to initiate a correcting (debit) entry. This authorization will remain in effect until UCSF receives written notification of its termination. I understand payment details will be sent to the business email address provided above.				
4	SIGNATURE	DATE			
	PRINT NAME	TITLE			

\*\*\*ATTACH A VOIDED CHECK OR BANK VERIFICATION LETTER TO CONFIRM ACCOUNT INFORMATION\*\*\*

SUBMIT COMPLETED FORM AND VOIDED CHECK OR BANK LETTER TO <a href="mailto:vendors@ucsf.edu">vendors@ucsf.edu</a>

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