

VENDOR INFORMATION

1. REQUESTOR:	2. SERVICE:	3. EXTENSION:												
4. VENDOR NAME: Doing Business As/Legal Name:	5. VENDOR ADDRESS Physical Location: Mailing Address: City: State/Zip:													
6. VENDOR TAX IDENTIFICATION NO. or SOCIAL SECURITY NUMBER: (Mandatory field must enter one or the other) TIN: SSN:	7. VENDOR PHONE & FAX NUMBER: Phone: Fax: Email :													
8. PAYMENT STREET ADDRESS: Address: City: State/Zip:														
9. POINT OF CONTACT:														
10. ACCOUNT NUMBER:														
11. Does Vendor have an existing contract? <input type="checkbox"/> YES <input type="checkbox"/> NO If answer is YES, please enter Contract Number: _____ (i.e. GS-, V797 or any other contract with payment terms N/30 and expiration date) Beginning Date: _____ Expiration Date: _____ FOB: <input type="checkbox"/> Destination <input type="checkbox"/> Origin Prompt Payment Discount: _____ (i.e. 2%/10; 1%/20 or N/30)														
12. 1099 Vendor Indicator: <input type="checkbox"/> YES (Always YES except if FEDERAL Government) <input type="checkbox"/> NO														
13. Business Type (FPDS) (Must check one): <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Outside US <input type="checkbox"/> Other Entities														
14. Socioeconomic Group: (Please check <u>all</u> that apply) <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> Sm Disadvantage Bus</td><td><input type="checkbox"/> Javits-Wagner-O'Day</td><td><input type="checkbox"/> Hubzone Small Business</td></tr><tr><td><input type="checkbox"/> Veteran-Owned Small Bus</td><td><input type="checkbox"/> Woman-Owned Small Business</td><td><input type="checkbox"/> Historically Black College & Univ./Min Institute</td></tr><tr><td><input type="checkbox"/> Veteran-Owned Large Bus</td><td><input type="checkbox"/> Woman-Owned Large Business</td><td><input type="checkbox"/> None of the other business</td></tr><tr><td><input type="checkbox"/> Veteran-Service Disabled</td><td></td><td></td></tr></table>			<input type="checkbox"/> Sm Disadvantage Bus	<input type="checkbox"/> Javits-Wagner-O'Day	<input type="checkbox"/> Hubzone Small Business	<input type="checkbox"/> Veteran-Owned Small Bus	<input type="checkbox"/> Woman-Owned Small Business	<input type="checkbox"/> Historically Black College & Univ./Min Institute	<input type="checkbox"/> Veteran-Owned Large Bus	<input type="checkbox"/> Woman-Owned Large Business	<input type="checkbox"/> None of the other business	<input type="checkbox"/> Veteran-Service Disabled		
<input type="checkbox"/> Sm Disadvantage Bus	<input type="checkbox"/> Javits-Wagner-O'Day	<input type="checkbox"/> Hubzone Small Business												
<input type="checkbox"/> Veteran-Owned Small Bus	<input type="checkbox"/> Woman-Owned Small Business	<input type="checkbox"/> Historically Black College & Univ./Min Institute												
<input type="checkbox"/> Veteran-Owned Large Bus	<input type="checkbox"/> Woman-Owned Large Business	<input type="checkbox"/> None of the other business												
<input type="checkbox"/> Veteran-Service Disabled														
15. Purchase Card Accepted <input type="checkbox"/> YES <input type="checkbox"/> NO														
16. DUN and BRADSTREET NUMBER: _____ (Mandatory-if vendor does not have one they need to go to http://www.dnb.com to register.														
17. Is Vendor registered with Central Contractor Registration (CCR)? <input type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory-if vendor is not registered they can accomplish the task at: http:// www.ccr.gov/ to register.														
18. Before we may enter any new vendor information within the VA database the <u>mandatory registration sites shall be checked</u> along with the status of the vendor's ability to do business within the Federal Government. Failure to check the mandatory field(s) could result in administrative action. The following two sites are your final check . http://epls.arnet.gov/ & http://exclusions.oig.hhs.gov/														

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. 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 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II 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), 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
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. 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. For real estate transactions, 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. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- 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,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY U.S. Department of Veterans Affairs – Financial Services Center		
AGENCY IDENTIFIER: 111036183	AGENCY LOCATION CODE (ALC): 36001200	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS: P.O. Box 149971 Austin, TX 78714-8971		
CONTRACT PERSON NAME: Customer Support Help Desk – Vendorizing Team		TELEPHONE NUMBER 1-877-353-9791
ADDITIONAL INFORMATION Fax completed form to (512) 460-5221		

PAYEE/COMPANY INFORMATION

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME:	
TELEPHONE NUMBER: ()	

FINANCIAL INSTITUTION INFORMATION

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER: ()
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: ()

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)
Prescribed by Department of Treasury
31 U.S.C. 3322; 31 CFR 21