



# Vendor Application

Also used for Nevada State College

Phone (702) 895-3521 ♦ Fax (702) 895-3859

Date: \_\_\_\_\_

## Vendor Information

Employer Identification #/SSN #: \_\_\_\_\_ Contractor's License #: \_\_\_\_\_

Individual Taxpayer Identification Number (ITIN): \_\_\_\_\_  
*(only if you are a Permanent Resident Alien without a Social Security Account No.)*

Individual or Company Name: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
*(if different from above Individual/Company Name)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Web Address \_\_\_\_\_

## Legal Structure

Sole Proprietor / Independent    
  Incorporated    
  Limited Liability Company / Partnership    
  Non-Profit    
  Other: \_\_\_\_\_

## Type of Organization *Check all that apply*

- MINORITY OWNED BUSINESS**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of African American, Hispanic American, Asian-Pacific American, or Native American ethnicity. Please specify ethnicity:  
 African American     Hispanic American     Asian Pacific-American     Native American
- WOMEN OWNED BUSINESS**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more women.
- PHYSICALLY CHALLENGED BUSINESS**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.
- VETERAN/DISABLED VETERAN**—An independent business which performs a commercially useful function and is at least 51% owned and controlled by one or more veterans/disabled veterans who have served in the active military and discharged under conditions other than dishonorable.
- SMALL BUSINESS ENTERPRISE**—An independent business which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, veterans, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

If you have checked any of the above, have you been certified?  Yes  No

If yes, by what agency? \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_

## Products and/or Services Offered

<input type="checkbox"/>	Advertising/Marketing	<input type="checkbox"/>	Construction Contractors Class: _____	<input type="checkbox"/>	Gasses/Fuel	<input type="checkbox"/>	Office Supplies & Equipment
<input type="checkbox"/>	Arts & Crafts	<input type="checkbox"/>	Construction Materials Specify: _____	<input type="checkbox"/>	Hardware, Locks & Tools	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Athletic	<input type="checkbox"/>	Consulting Services Specify: _____	<input type="checkbox"/>	Hazardous Materials/Chemicals	<input type="checkbox"/>	Printing
<input type="checkbox"/>	Audio/Visual Equipment	<input type="checkbox"/>	Custodial/Janitorial	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	Security
<input type="checkbox"/>	Automobiles & Equipment	<input type="checkbox"/>	Dental	<input type="checkbox"/>	Laboratory/Science	<input type="checkbox"/>	Staffing, Temporary
<input type="checkbox"/>	Books & Publications	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Training Services Specify: _____
<input type="checkbox"/>	Catering	<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Library	<input type="checkbox"/>	Travel
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Fire Prevention	<input type="checkbox"/>	Lodging	<input type="checkbox"/>	Uniforms & Clothing
<input type="checkbox"/>	Computer Hardware	<input type="checkbox"/>	Food Service & Equipment	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Computer Software	<input type="checkbox"/>	Furniture	<input type="checkbox"/>	Musical	<input type="checkbox"/>	_____

## UNLV Internal use only

1099 indicator  Yes  No

Make changes in:  Munis  Advantage

A/P Rep: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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:

1. 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
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 has notified me that I am no longer subject to backup withholding, and
3. 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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,





