The Citadel Vendor Information Form

Substitute W-9 (Taxpayer Identification Form)

Federal law requires The Citadel to collect taxpayer information for each entity to whom the College makes payment. This information is required to establish a vendor record in the College's ERP system. Payments cannot be released until this form is completed in full. Completed forms must be submitted as an **ENCRYPTED EMAIL** attachment to: **vendor_maintenance@citadel.edu**

SECTION 1 – LEGAL NAME & BUSINESS INFORMATION (REQUIRED)

Legal Name (as shown on tax return):_____

DBA / Trade Name (if different): _____

Business Address (Remittance Address for Payment)

Street Address: _____ City: _____ State: _____ ZIP: _____

Country (if outside U.S.): _____

Contact Name: _____

Telephone: _____

Email Address: _____

SECTION 2 – FEDERAL TAX CLASSIFICATION (REQUIRED – SELECT ONE)

Select the classification that matches how you file with the IRS:

☐ Individual / Sole Proprietor
☐ Partnership
☐ Corporation (Inc., Corp., PC, PA)
☐ Government Entity
☐ Nonprofit Organization
☐ Limited Liability Company (LLC) – If selected, indicate tax treatment below:

If LLC selected, specify how the LLC is taxed:

☐ Sole Proprietor ☐ Partnership ☐ Corporation

Federal tax classification must match IRS records.

SECTION 3 – TAXPAYER IDENTIFICATION NUMBER (REQUIRED)

☐ Social Security Number (SSN): _____
☐ Employer Identification Number (EIN): _____

SECTION 4 – TYPE OF PAYMENT / ENGAGEMENT (REQUIRED)

Select the category that best describes the expected payment:

☐ Individual providing services (speaker, consultant, contractor, etc.)
☐ Business providing services
☐ Goods or merchandise only (no services)
☐ Software or subscription provider
☐ Government or nonprofit entity

Estimated total amount to be paid under this engagement: $_____ ☐ One-time payment ☐ Ongoing or recurring engagement

If the total engagement is anticipated to meet or exceed $50,000, a Drug-Free Workplace attestation will be required prior to contract award in accordance with state law.

SECTION 5 – CERTIFICATION (REQUIRED)

Under penalties of perjury, I certify that: (1) The number shown above is my correct taxpayer identification number; (2) I am not subject to backup withholding because (a) I am exempt, or (b) I have not been notified by the IRS that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. person (including a U.S. resident alien); (4) The information provided on this form is true, correct, and complete as of the date signed.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Requesting Department (Citadel): _____

INTERNAL USE – PROCUREMENT SERVICES

Federal Tax Classification Verified: ☐ Yes

1099 Reportable: ☐ Yes ☐ No

Income Type (if applicable): _____

Drug-Free Required: ☐ Yes ☐ No

Vendor ID Assigned: _____