### UTE MOUNTAIN UTE TRIBE

Request for New Vendor Number



**NOTE:** New Vendor *TAXPAYER IDENTIFICATION NUMBER* (Federal Form W-9) **MUST** be provided regardless of their tax status. Name must be the same as that filed with the IRS or the Social Security Administration as applicable. Failure to return this form in a timely manner will delay the order and/or payment.

PLEASE PRINT OR TYPE ALL FIELDS ARE	REQUIRED TO BE COMPLETED		
<b>LEGAL NAME</b> (As entered with IRS) If sole proprietorship, enter y	our Last Name, First Name, Middle Initial)		
From W-9			
TRADE NAME	Vendor Entity Type (Select Only One)		
f doing business as (DBA) or business name of Sole Proprietorship	Individual/Sole Proprietor		
	Partnership Corporation Non-Profit Government		
	Government Government Strength LLC (Enter the type of LLC – C = corporation		
From W-9	P = Partnership   I = Individual		
FIORI VV-9	Other Entity		
PRIMARY ADDRESS (For issuance of 1099 Form)	Outer Ending		
P.O. Box of Hulliber and Street			
City, State and Zip			
ORDER ADDRESS (where order should be sent, if different than prin	nary address)		
P.O. Box or number and street			
T.O. DOX OF HUMBER and Street			
City, State and Zip			
J. 19 10 10 10 10 10 10 10 10 10 10 10 10 10			
Contact Name: e-mail	e-mail address		
Telephone Number Fax Nu	umber		
REMIT TO ADDRESS (Where check should be sent, if different than p	primary address)		
P.O. Box or number and street			
City State and Zip			
TAXPAYER IDENTIFICATION NUMBER (TIN)			
Federal Employer Identification Number (FEIN)			
	From W-9		
Social Security Number	<del></del>		
WHAT WILL YOU BE PROVIDING? DEBAI	RMENT (To be completed by Finance Department)		
Goods Services Both			
ATTACH W-9 WITH THIS COMPLET	FED FOR NEW VENDOR SET UP.		

Department Requesting Vendor \_\_\_\_\_\_

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
	2 Business name/disregarded entity name, if different from above	1			
Print or type. e Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Chr following seven boxes.  ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC  ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LC that is not disregarded from the owner should check the appropriate box for the tax classification of its own ☐ Other (see instructions) ▶  5 Address (number, street, and apt. or suite no.) See instructions.	Trust/estate  ship)  wher. Do not check bwner of the LLC is gle-member LLC that ier.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting code (if any)  (Applies to accounts meintained outside the U.S.)  Ind address (optional)		
See	6 City, state, and ZIP code				
	7. List account number(s) here (optional)				
Par	Taxpayer Identification Number (TIN)				
backu reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to all p withholding. For individuals, this is generally your social security number (SSN). However, int alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other so, it is your employer identification number (EIN). If you do not have a number, see <i>How to getter</i> .	ora			
	If the account is in more than one name, see the instructions for line 1. Also see What Name	and Employer	Employer identification number		
Numb	er To Give the Requester for guidelines on whose number to enter.		-		
Par	II Certification				
Unde	penalties of perjury, I certify that:		20 %		
2. I ar Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (by vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and	) I have not been n	otified by the Internal Revenue		
3. I ar	a U.S. citizen or other U.S. person (defined below); and				
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ng is correct.			
Certif you ha	cation instructions. You must cross out item 2 above if you have been notified by the IRS that y we failed to report all interest and dividends on your tax return. For real estate transactions, item ition or abandonment of secured property, cancellation of debt, contributions to an individual retinan interest and dividends, you are not required to sign the certification, but you must provide you	ou are currently sub 2 does not apply. Fo rement arrangemen	or mortgage interest paid, t (IRA), and generally, payments		
Sign Here	Signature of U.S. person ▶	Date ►			

## **General Instructions**

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

## **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

### **UTE MOUNTAIN UTE TRIBE**

Request for New Vendor Number



**NOTE:** New Vendor *TAXPAYER IDENTIFICATION NUMBER* (Federal Form W-9) **MUST** be provided regardless of their tax status. Name must be the same as that filed with the IRS or the Social Security Administration as applicable. Failure to return this form in a timely manner will delay the order and/or payment.

	PLEASE PRINT OR TYPE	ALL FIELDS ARE	REQUIRED TO BE COMPLETED		
LEGAL NAME	(As entered with IRS) If sole pro	prietorship, enter y	, enter your Last Name, First Name, Middle Initial)		
TRADE NAME  If doing business	ss as (DBA) or business name of Sole Proprietorship		Vendor Entity Type (Select Only One) Individual/Sole Proprietor		
P.O. Box or num City, State and Z			Partnership Non-Profit LLC (Enter the type of P = Partnership I = Ir Other Entity	ndividual	
P.O. Box or num	ber and street				
City, State and Z	<u>.</u>		-,		
Contact Name:		e-mail	address		
Telephone Num	ber	Fax Nu		<u> </u>	
P.O. Box or num	RESS (Where check should be sen ber and street		rimary address)		
City State and Zi				71	
	ITIFICATION NUMBER (TIN) er Identification Number (FEIN)				
Social Security N	lumber			-	
WHAT WILL YOU Goods	U BE PROVIDING? Services Both	DEBAR	MENT (To be completed by Finan	ce Department)	
	ATTACH W-9 WITH TH	HIS COMPLETED	FORM FOR NEW VENDOR S	ET UP.	

Department Requesting Vendor \_\_\_\_\_