

Action Requested (Purdue staff: Please mark the appropriate box(es) and facilitate completion of the sections indicated)

<input type="checkbox"/> PAYMENT (Parts 1, 2, 3, 4)	<input type="checkbox"/> CHANGE TIN (Parts 1, 3)	<input type="checkbox"/> CHANGE Legal Name (Parts 1, 3)
<input type="checkbox"/> NEW VENDOR REQUEST (Parts 1, 2, 3)	<input type="checkbox"/> CHANGE Address (Parts 1, 2)	<input type="checkbox"/> CHANGE Business Type (Parts 1, 3)
<input type="checkbox"/> ADD Direct Deposit (Parts 1, 2)	<input type="checkbox"/> CHANGE Direct Deposit/ACH (Parts 1, 2)	
<input type="checkbox"/> ADD DBA/Trade Name (Parts 1, 3)	<input type="checkbox"/> CHANGE DBA/Trade Name (Parts 1, 3)	

Part 1 Taxpayer Information (required)

Name (Must match IRS records & the Taxpayer Identification Number below) <input type="text"/>	Area code and phone number <input type="text"/>
Business Name (If different from above or Doing Business As (DBA)) <input type="text"/>	Fax Number <input type="text"/>
Address (Number, street, and apt or suite number) <input type="text"/>	Email Address <input type="text"/>
City, State, and Zip Code <input type="text"/>	Country <input type="text"/>

Taxpayer Identification Number (TIN) For individuals, this is your Social Security number (SSN). Resident Aliens: See page 2 of the IRS Form W-9. Other Entities: Enter your Employer Identification Number (EIN) If you do not have a number, see "How to get a TIN" on Pg. 2 of the IRS Form W-9.	Enter your US TIN (if available) in the box <input type="text"/>
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Business Type (check one box)

<input type="checkbox"/> Individual / Sole Proprietor or single-member LLC	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Limited Liability Company (LLC)
<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corporation	If LLC, Enter Tax Classification: <input type="text"/> (C = C Corp, S = S Corp, P = Partnership)
<input type="checkbox"/> Other	<input type="checkbox"/> Trust/Estate	

Note: For a single-member LCC that is disregarded, do not check LLC; check the appropriate box above for the tax classification of the single-member owner.

Exemptions (apply only to certain entities, not individuals): Exempt payee code (if any) <input type="text"/> Exemption from FACTA reporting code (if any) <input type="text"/> (Applies to accounts maintained outside the U.S.)	Citizenship (check one box) <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident Alien or Foreign Entity (If yes, enter Visa Type: <input type="text"/> Must complete and attach Glacier file (www.online-tax.net)
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Purdue University-related Disclosures

Are you a student?	<input type="checkbox"/> Yes If yes, enter institution: <input type="text"/>
	<input type="checkbox"/> No
Are you a current or former employee of Purdue?	<input type="checkbox"/> Yes If yes, enter dates: <input type="text"/>
	If yes, Do you have an approved Reportable Outside Activity Form? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No
Do you have immediate relatives who are employed at Purdue?	<input type="checkbox"/> Yes If yes, List name(s) and department(s): <input type="text"/>
	<input type="checkbox"/> No

Part 2 Payment Method **Direct Deposit (Complete Part 2) for U.S. bank accounts ONLY**
 I request a paper check (Skip to Part 3)

Bank Name <input type="text"/>	Bank Phone Number <input type="text"/>
Bank Routing No. <input type="text"/>	Account Number <input type="text"/>
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I certify that the information provided is correct and that I am an authorized signer on designate of the account provided for direct deposit transactions, and am entitled to provide this authorization. I hereby authorize Purdue University to initiate credit entries, and debit entries in the event of overpayment, to the account and financial institution listed above. This authorization will remain in effect until revoked by the vendor in writing to the Purdue University Master Data Team.

You must notify us immediately if you have instructed your bank to transfer Purdue's electronic payments to an account outside the United States. We will then need to collect additional information from you so that our bank can satisfy its regulatory obligations. Purdue cannot be responsible for any resulting delays.

Signature: _____ Date:

Printed Name:

Part 3 Certification

W-9 Information 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, other U.S. person or international person as I have declared in Part 1 above in this form; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

Taxpayer Information Certification

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

By Signing below I:

- a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes;
- b) Certify that I am not a Federal employee;
- c) Agree that all inventions and materials first developed or produced as a result of the above described consulting activities will be reported to Purdue and all rights, both domestic and foreign, to inventions and materials first developed or produced as a result of the above described consulting activities shall be retained by Purdue University, and
- d) Agree not to disclose any information furnished by Purdue University that was identified as proprietary information. Under penalties of perjury, I certify that:
- e) The information regarding citizenship or foreign status in Part 1 above is correct.

Signature: _____ Date:

Printed Name:

Part 4 Payment Information (for University staff completion)

To authorize payment for services rendered complete parts 1 through 4 and forward with appropriate documentation (receipts, proof of payment, etc.) to Payroll and Tax Services.

Has a Statement of Work (SOW) been executed for this entity/individual? Yes N/A
 (Required when services provided are over 160 hours or multiple payments B@P process: [Initiating a Consulting Agreement](#)) No

Description of Services / Reason for Payment

Period Covered by Payment

Was the work performed outside the United States? Yes No

Itemized Payment				
	Fee/Rate	Quantity	Total	Foreign Currency
Honorarium/Fees for Service	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Expenses: Airfare	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Ground Transportation	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

<i>Subsistence: Food</i>		\$			\$		
Lodging		\$			\$		
<i>Other - Describe:</i>					\$		
TOTAL INVOICE AMOUNT					\$		
Account Information	G/L Account	Fund	Cost Center	Order	WBS Element	Earmarked Funds	

By signing below, I certify that the services described in Part 4 are essential to the project, have been received, and the consultant's fees are appropriate.

Signature: _____ Title: Date: