CALHOUN COMMUNITY COLLEGE

Post Office Box 2216 • Decatur, Alabama 35609-2216 • Phone 256-306-2500 • www.calhoun.edu

Vendor Registration for Companies/Individuals

(***Denotes Required Field**)

*Name as registered with the IRS: _____

*DBA (Business Name if different from individual or parent company name): _____

*Taxpayer Identification Number (Enter your 9-digit number that corresponds to the name entered above. For individuals, this is your social security number. For other entities, it is the employer identification number assigned by the IRS): _____

*The Number above is:

- ☐ Social Security Number (SSN)
- ☐ Individual Taxpayer Number (TIN)
- ☐ Federal Employer ID Number (FEIN)
- *☐ Required W-9 is attached

Type of Entity for IRS Tax Filing Purposes:
◯ Individual ◯ Sole Proprietor ◯ Corporation ◯ LLC ◯ Partnership ◯ Government Agency

Tax Exempt Entity (list type): _____

Other Tax Exempt Entity (please specify): _____

*Are you or any of the officers/members/owner of your organization currently or previously employed by Calhoun Community College? ◯ Yes ◯ No

*Are you or any of the officers/members/owners of your organization related to a Calhoun Community College employee? ◯ Yes ◯ No

*For Individuals, are you a U.S. citizen? ◯ Yes ◯ No

***Purchase Order Address** _____
Street

_____
City State Zip

* Phone: _____ *Fax: _____

Remit to Address: ☐ **Same as above**

*If different:

_____
Street

_____
City State Zip

* Phone:_____ *Fax: _____

***Vendor Classification (Select all that apply):**

☐ Female-Owned ☐ Male-Owned ☐ Small ☐ Large ☐ Non-Disadvantaged

***Socially and Economically Disadvantaged Businesses:** To be considered disadvantaged, the company must be 51% or more owned, controlled, and operated by one or more of the following groups (Check all that apply):

☐ Black American ☐ American Indian ☐ Asian Indian American ☐ Hispanic American

☐ Asian Pacific American ☐ Disabled ☐ Veteran-Owned Small Business

*N/A or Other socially & economically disadvantaged group: Please specify _____

Dun and Bradstreet Number: _____

***Calhoun Dept. requesting to purchase items/service:** _____

Certification:

*☐ By checking this box, under penalties of perjury, I certify that: (1) the number shown above is my correct taxpayer identification number, and (2) I am not subject to withholding because: (a) I am exempt from backup holding, or (b) I have not been identified by the IRS that I am subject to backup withholding.

*Printed Name: _____

*Title: _____

*Authorized Signature: _____

*Date: _____

Please return completed forms via email to: **vendorapp@calhoun.edu**

Thank you for your interest in doing business with Calhoun Community College.

Revised 01/19

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

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); 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. See the instructions for Part II, later.

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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Vendor ACH Enrollment Form

Calhoun Community College (CCC) offers the option of receiving payments via Electronic Funds Transfer (EFT) to our vendors. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House).

Signing up for Vendor ACH payments provides several benefits to our vendors:

Quicker Payments

- ACH payments are a faster method of payment.
- Payments made by check can take 7-10 days to be received through the postal service.
- Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

Less Hassle

- ACH payments eliminate the need for paper checks.
- Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.
- Save time by not traveling to the bank or waiting in line to deposit your check.

Please complete the attached Authorization Agreement to receive Automatic Deposits (ACH) and email to **invoices@calhoun.edu** or mail to
Calhoun Community College
PO Box 2216
Decatur, AL 35609

If you have any questions about our Vendor ACH payments program, please feel free to contact Chealsie Finley at 256-306-2548.

ACH VENDOR PAYMENT AUTHORIZATION FORM

This form is used to setup Automated Clearing House (ACH) payments. The information being collected on this form will be used by Calhoun Community College to transmit payment data, by electronic means, to a vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payment through the ACH Payment System.

VENDOR INFORMATION

NAME:_____

FEDERAL I.D.#_____

WEBSITE:_____

PHYSICAL

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

MAILING

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

REMIT

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

CONTACT

NAME:_____

PHONE:_____EXT:_____

EMAIL:_____

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____BRANCH:_____

(9) DIGIT ROUTING NUMBER: _____

DEPOSITOR ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: ___ CHECKING ___ SAVINGS

ACH COORDINATOR NAME: _____

ACH COORDINATOR PHONE: _____

This authority will remain in full force and effect until COMPANY or CCC has received written notification from the other of its termination in such time and in such manner as to afford COMPANY, CCC, and BANK a reasonable opportunity to act on it.

_____ _____

Customer Signature **Contact Number**

_____ _____

Date **Email**

PLEASE ATTACH A VOIDED CHECK