



UNIVERSITY OF CALIFORNIA HASTINGS
COLLEGE OF THE LAW

**UC HASTINGS COLLEGE OF THE LAW
NEW VENDOR INFORMATION FORM**
(Substitute W-9 Form)

College Use Only

VENDOR # :

PMT TERMS:	<input type="checkbox"/>	Net 30
	<input type="checkbox"/>	Net 60
	<input type="checkbox"/>	Due Upon Receipt

VENDOR SET UP DATE & INITIALS:

1 INSTRUCTIONS: Complete all information on this form. Sign, date and return to the UC Hastings College of the Law address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by Hastings to prepare information returns (1099). *** Required fields**

* Vendor's Legal Business Name	
*Sole Proprietor- Name as shown on Tax Return (First, M Last)	E-Mail Address
2 * Business Address	Remittance Address (if different)
* City, State, Zip Code	City, State, Zip Code

3	* TAX IDENTIFICATION NUMBER (TIN) Note: Payment will not be processed without an accompanying taxpayer I.D. number.	<input type="text"/>	Federal Employer Identification Number (FEIN)
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION	
	<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> MEDICAL (e.g. dentistry, psychotherapy, chiropractic, etc.)	
	<input type="checkbox"/> OTHER → _____	<input type="checkbox"/> LEGAL (e.g. attorney services)	
	<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR	<input type="checkbox"/> EXEMPT	
	<input type="text"/>	Social Security number	

4	Type of Goods/Services provided to UC Hastings College of the Law:	
	<input type="checkbox"/> GOODS	<input type="checkbox"/> CONSULTANT
	<input type="checkbox"/> SERVICES	<input type="checkbox"/> OTHER → _____
	<input type="checkbox"/> ATTORNEY	_____

5 **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).
 (2) I am not subject to backup withholding because: (a) I am exempt form 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.
 (3) I am a U.S. person (including a U.S. resident alien).
You must cross out items (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

6	Authorized Payee Representative's Name	Title
	Signature	Telephone

7	MAIL: UC HASTINGS COLLEGE OF THE LAW OFFICE OF FISCAL SERVICES ATTN: ACCOUNTS PAYABLE 200 MCALLISTER STREET SAN FRANCISCO, CA 94102	FAX: (415) 565-4698 Attn: Accounts Payable TEL: (415) 565-4748	How Can You Sign Up for E-Check? Complete the <u>E-Check authorization form</u> and submit it to Fiscal Services, Room 111. If you have any questions, contract the Office of Fiscal Services at 415-565-4704 or e-mail <u>e-check@uchastings.edu</u> .
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