JEFFERSON COMMUNITY COLLEGE VENDOR PROFILE FORM

A. VENDOR INFORMATION

COMPLETE BUSINESS NAME: ____________________________
(LEGAL NAME AS USED IN REPORTING TO IRS)
BUSINESS CONTACT NAME: ____________________________
MAILING ADDRESS: (For Purchase Orders)
STREET: ____________________________________________
CITY: ___________________ STATE: ______ ZIP: ________

PARENT COMPANY: __________________________________
(IF APPLICABLE)

TELEPHONE #: ____________________________
(800 IF AVAILABLE): ____________________________
FAX#: _________________________________________
WEBSITE: ______________________________________
E-MAIL: _______________________________________

TELEPHONE #: ____________________________
(800 IF AVAILABLE): ____________________________
REMITTANCE ADDRESS: ______________________________________
STREET: ______________________________________
CITY: ___________________ STATE: ______ ZIP: ________

TAXPAYER ID/SS#: ____________________________
(MANDATORY)
(IF YOU DO NOT PROVIDE A VALID TIN/SS# ALL PAYMENTS TO YOU WILL BE SUBJECT TO 20% BACKUP WITHHOLDING.)

B. TYPE OF BUSINESS

____ CORPORATION ____ SOLE PROPRIETORSHIP ____ PARTNERSHIP ____ DBA ________________ ____ OTHER

NEW YORK STATE BUSINESS - CHECK ALL THAT APPLY
☐ SMALL BUSINESS
☐ MINORITY OWNED AND REGISTERED WITH NEW YORK STATE

OUT OF STATE BUSINESS - (IF YES, CHECK ONE OF THE OPTIONS BELOW)
☐ REGISTERED WITH THE NY DEPARTMENT OF STATE
☐ NOT REGISTERED WITH THE NY DEPARTMENT OF STATE

C. PAYMENT TERMS:

<table>
<thead>
<tr>
<th>PAYMENT TERMS</th>
<th>Discount: ______% within ______ days</th>
<th>Other ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET 30</td>
<td></td>
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<tr>
<td>SHIPPING TERMS</td>
<td></td>
<td></td>
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<tr>
<td>FOB: Destination</td>
<td>Shipping Point:</td>
<td>Other:</td>
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D. TYPE OF COMMODITIES OR SERVICES PROVIDED

SUPPLIER OF COMMODITIES: (Please List): ________________________________________

SERVICE PROVIDER (Please List - Medical, Legal, Rental, Consultant, Construction, Etc.): ________________________________________

RETURN FORMS TO: Jefferson Community College Purchasing Department,
1220 Coffeen Street
Watertown, NY 13601
(315) 786-2246/ Fax: (315) 786-2366

CONTINUED ON REVERSE SIDE
E. CERTIFICATION
I CERTIFY THAT THE INFORMATION CONTAINED HEREIN (INCLUDING ALL PAGES ATTACHED) IS CORRECT AND THAT NEITHER THE APPLICANT NOR ANY PERSON (OR CONCERN) IN ANY CONNECTION WITH THE APPLICANT AS A PRINCIPAL OR OFFICE, SO FAR AS IS KNOWN, IS NOW DEBARRED OR OTHERWISE DECLARED INELIGIBLE BY ANY PUBLIC AGENCY FROM BIDDING FOR FURNISHING MATERIALS, SUPPLIES, OR SERVICES TO ANY AGENCY THEREOF.

Signature of Person Authorized to Sign Application

Name and Title of Person Signing

Date

Note: Companies that perform on-site services must provide a current certificate of liability insurance and proof of worker’s compensation coverage prior to the scheduled job start date. NYS Prevailing wage labor rates are applicable.

PROCEDURAL REQUIREMENTS

1. An IRS Form W-9, Request for Taxpayer Identification Number and Certification, must be complete and on file before a purchase order will be issued or invoice paid.
2. The purchase order number must be referenced on all packing slips and invoice documentation.
3. Verbal order requests are not acceptable. A purchase order number will be provided for all orders that are authorized for shipment.
4. All orders must be shipped directly to our mailroom or loading dock located at 1220 Coffeen Street, Watertown, NY 13601
5. Loading dock deliveries must be scheduled between the hours of 8:00 a.m. to 4:00 p.m., Monday through Friday, excluding holidays.
6. Failure to comply with these procedural requirements may result in the removal of your company from the active vendor list.

PURCHASING DEPARTMENT REFERENCE ONLY

VENDOR CODE ____________________________

W-9 ON FILE (IF REQUIRED)_________ DATE ____________
Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

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

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►

Exemptions (see instructions):

☐ Exempt payee code (if any) ►

☐ Exemption from FATCA reporting code (if any) ►

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

City, state, and ZIP code

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your Social Security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your Employer Identification Number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

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 on page 3.

Sign Here

Signature of U.S. person ►

Date ►

General Instructions

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

Future developments: The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

• An estate (other than a foreign estate), or

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.