



STATE CENTER
COMMUNITY COLLEGE DISTRICT

Vendor Registration and W-9 form

Submit to:
State Center Community College District
Attn Purchasing Department
1171 Fulton Street
Fresno, CA 93721
Phone: 559-244-5900
Fax: 559-221-1524
Email: purchasing@scccd.edu

NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business as (DBA)
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ADDRESS/CONTACT INFORMATION	PRODUCTS AND/OR SERVICES PROVIDED		
Address			
Address			
City		State	Zip Code
Primary Contact			
Primary Contact E-mail			
Phone Number		Fax Number	
E-mail Address to receive Purchase Orders			
Web Address			

ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

Check appropriate organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN).

Check the appropriate box for federal tax classification; check only one of the following eight boxes:		Tax ID: _____	EIN _____	SSN _____
Individual / Sole Proprietor	Limited Liability Company (LLC):	Name associated with SSN: _____		
Partnership	Disregarded Entity	OTHER INFORMATION Check all that apply.		
C Corporation	Partnership	Contractors License #: _____	Doctor or Medical Facility	
S Corporation	C Corporation	Type: _____	Attorney or Legal Facility	
Government	S Corporation	DUNS #: _____	DIR #: _____	
Trust / Estate	Other (Please explain): _____	Type of Business: Goods Services Both		
		RESIDENCY STATUS		
		Is your business registered in the state of California: Yes No		
		Do you collect California sales tax: Yes No		
Exemptions (See W9 form instructions): Exempt payee code (if any)		Exemption form FATCA reporting code (if any)		

DISADVANTAGED BUSINESS ENTERPRISE DESIGNATION

Minority owned business enterprise (MBE)	Small business enterprise (SBE)	Disabled/veteran owned business enterprise (DVBE)
Women owned business enterprise (WBE)	Disadvantaged business enterprise (DBE)	Other
If you checked any of the above, have you been certified? Yes No		
If yes, by which agency:		Certificate #:

IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:

- 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**
- 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**
- I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev December 2014), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

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

Signature	Print Name & Title of Person Signing Form	Date
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