

Procurement Services 104 General Services Building 222 South Chapel Street Newark, DE 19716 Phone: (302) 831-2161 Fax: 302-831-6772

Supplier Data Collection Form - US-Based Entities and Individuals

This form is being provided as an alternate method to request a registration or profile update of a US-based supplier in the University's database when the completion of the on-line UD substitute W9 form is not possible. Per IRS regulations, the University of Delaware is required to obtain this information from all individuals and entities receiving payment from the University.

Instructions for Suppliers:

If you are unable to complete the on-line UD substitute W-9 form (www.udel.edu/w9), you might be requested to complete this form.

- Please complete all data collection fields on this form, as applicable.
- This form must be submitted to the UD department contact with whom you are conducting business, with a completed and wet-signed US IRS W-9 form (even if claiming tax exemption).
 - The current IRS W-9 form revision is available on the IRS website: www.irs.gov.
 - Please contact the IRS or a tax professional if you require assistance with completing the IRS W-9 form.
 - University employees are not tax professionals and cannot help you complete these forms.
- Do not complete this data collection form or an IRS W-9 form if you are a <u>NOT</u> a U.S. Citizen or Resident Alien individual or US-based business entity.
 - Foreign based suppliers and individuals must complete the University's Supplier Data Collection Form for Foreign based suppliers, as well as the appropriate IRS W-8 form.
 - Please see the information on our homepage for more detailed instructions.

Instructions for UD departments:

- Use of this form is restricted to cases where a supplier is unable to complete the on-line UD substitute W-9, and you are directed by Procurement Staff to use this process to facilitate onboarding of the supplier.
- UD employees or affiliates are <u>not permitted</u> to assist or complete tax or supplier data collection forms on behalf of a supplier.
- Once the supplier has completed this form and the IRS W-9, the engaging UD department must submit both forms to procurement@udel.edu along with a detailed business justification for the anticipated transaction or payment.
- The University of Delaware does not accept unsolicited requests for supplier registration and will not register suppliers who submit their own information.
- Please allow a minimum of 5-10 business days for processing before submitting related inquiries. We do not review forms prior to processing, which occurs in the order received. Although we onboard suppliers as quickly as possible, processing time may be extended based on staff availability and other factors. We appreciate your patience.

Supplier Data Collection

Please complete all applicable fields. Falsification of information is subject to criminal prosecution or fine and may permanently prevent future business engagement with the University of Delaware. Incorrect or incomplete forms will delay processing.

| Full Legal Name of individual or entity: Registered DBA or trade name if applicable: | | |
|---|--|--|
| | | |
| ☐ Individual | | |
| ☐ Sole-Proprietor or Single-Owner LLC | | |
| ☐ Partnership or Multi-Owner LLC | | |
| □ Corporation | | |
| ☐ Other Tax-Exempt Entity of Organization | | |
| 9-digit U.S. Taxpayer Identification Number (TIN): | | |
| ☐ Social Security Number | | |
| ☐ Employee Identification Number (EIN) | | |
| Permanent address, or address where correspondence or purchase orders should be sent: | | |
| Street: | | |
| City: | | |
| State: | | |
| Zip Code: | | |
| Phone Number: | | |
| Email address: | | |
| Remit address, or address where payment should be sent, if different than above: | | |
| Street: | | |
| City: | | |
| State: | | |
| ZIP Code: | | |
| Phone Number: | | |
| Email address: | | |
| | | |
| Name of UD contact with whom you are conducting business: | | |
| Contact's Department: | | |
| Contact's Email Address: | | |
| Contact's Phone Number: | | |
| Please indicate which payment method you prefer: | | |
| ☐ Check payment | | |
| ☐ ACH payment (complete banking information on next page) | | |

Supplier Banking Information

Important

By default, all suppliers and individuals are set up to receive payment by physical check mailed to the designated remittance address provided above. If you prefer ACH electronic transfer payment, please complete all banking information below. ACH payments can only be processed to a savings or checking account at a valid US banking institution as verified by our contracted banking validation partner. In cases where verification is unsuccessful, payment will be defaulted to check at our discretion. We cannot make payment to a third-party (including collection services); an account that is not owned by the individual or entity; brokerage, trust, holding, or escrow accounts; foreign transfer or other intermediary bank services or accounts, including TransferWise and other such brokers; nor donate to a third-party in lieu of payment for services or goods. The University of Delaware does not process domestic wire payments. If you cannot accept our payment methods, the University of Delaware will not be able to conduct business with you.

| Banking Information pertaining to sup | olier's bank account: |
|--|-----------------------|
| Beneficiary ⁽¹⁾ Account Holder Lo | egal Name: |
| Beneficiary Address ⁽²⁾ : | |
| Street: | |
| City: | |
| State or Province: | |
| Mail Code: | |
| Country: | |
| Information pertaining to supplier's ba | |
| Full Bank Name: | |
| Routing Number: | |
| Account Number: | |
| ☐ Savings Account | |
| ☐ Checking Account | |

Definitions:

- (1) **Beneficiary** the supplier to whom the payment is to be made. The supplier requesting the payment needs to be added as a 'beneficiary' in the University of Delaware's payment portal and the associated bank account details provided to transfer the requested funds. These account details include the name of the beneficiary account holder (supplier name connected to the bank account), account number, and supplier's address on file with the bank.
- (2) **Address** this should match the supplier's address on the beneficiary's monthly bank statement. It is the personal or business address the beneficiary has on record with the bank.

Please complete the following conflict of interest and compliance related questions: Are you currently a student at the University of Delaware? □Yes □No Are you currently an employee of the University of Delaware? □Yes □No Are any of your company's principals or their immediate family members employed by the University? □ Yes □No Have you or your business entity ever been involved in Federal debarment proceedings, or identified as being subject to economic and trade sanctions based on U.S. foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy, or economy of the United States? □Yes □No Certification: ☐ By checking this box, I am certifying that I am a US Citizen or Permanent Resident, and under penalty of perjury, that the information provided on this form is accurate; and that I have the capacity to sign as the individual or an authorized agent for the entity indicated above. Full legal name of person completing form: Title or Position: Signature: ______ Date: ______ Date: ______ Email address: