### ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS Accounting and Financial Systems Division

## VENDOR INFORMATION/TIN CERTIFICATION

Mandatory Information that MUST be provided before submission

Ex-AO Employee

□ SAM Vendor (Formerly CCR)

(No TIN Certification Required)

Vendor Address	or Address Other Address (If different from Vendor Address)			
Select all that apply 🗖 Order 🗖 Remit 🗖 1099	Select all that apply 🗖 Order 🗖 Remit 🗖 1099			
Name:	Address:			
Business Name: (if different from above)	City:			
Address 1:	State: Zip Code:			
Address 2:	Phone #:			
City:	Description: (If needed)			
State: Zip Code:				
Phone #: E-mail;				
Taxpayer Identification #:) (TIN, SS, or EIN number)				
DUNS #				
Financial Information (If Requested)				
Bank Name:	Name: Routing # (this nine digit number appears on your checks, but do not include individual check numbers):			
City:	Account #:			
State: Zip Code:	Type of Account: (select one) 🗖 Checking 🗖 Savings			

Type of Organization for 1099 reporting:

- □ sole proprietorship;
- **c**orporate entity (*not tax-exempt*);
- $\Box$  health care provider;
- **government entity** (*write in either federal, state or local*)

#### **Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and

**D** partnership;

□ other:

**c**orporate entity (*tax-exempt*);

- 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 and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (*defined below*).
- □ You must select this check box 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. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

#### **Definitions:**

"Taxpayer Identification (*TIN*, *SS*, *or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- 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.

The TIN, as well as the information above is required in order to comply with debt collection requirements of <u>31 U.S.C. §§ 7701(c)</u> and <u>3325(d)</u>, reporting requirements of <u>26 U.S.C. §§ 6041</u> and <u>6041A</u>, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

# Additional information required for vendors used for procurement (purchase orders, contracts, etc.)

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

U Wome	n Owned Business		Not Applicable
Minori	ity Owned Business (If yes,	, select one of the owner's race/et	thnicity selections from below):
	sian-Pacific American	Black American	Subcontinent Asian (Asian-Indian)American
🗇 H	Iispanic American	Native American	☐ Other:
Date:			
			Vendor's signature
			estem for Award Management (SAM) vendors (formerly for purchase card merchants.
Mark Boxes that apply:	$\Box$ Addition $\Box$	Change 🗖 Vendor	Code:(make entry only if change)
	□ Active □	Inactive 🗖 Vendor	Туре:
The follo	wing information is optio	onal for individuals whose	name and telephone are already on the form:
Contact Name:			
Telephone Number:		Em	nail:
	Iden	ntification of person makin	g this request:
Name:			
Telephone Number:	Originating Office:		
Please type or print clearly.	regarding AOFAS4T the Cl	lient Service Desk can be contact	AOdb OFB Client Service Desk/DCA/AO/USCOURTS. For questions ed at (202) 502-2242. lor Administrator. For questions regarding Court FAS4T please contact

This form should be completed with signature by the vendor and submitted by Judiciary staff only.

Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.