**Kentucky Community and Technical College System**
300 North Main Street, Versailles, KY 40383

| | | | |
|---|---|---|---|
| **College:** | | | |
| **College Contact:** | | **College Contact Email:** | |
| **College Contact Ph:** | | **College Contact Fax:** | |

# SUBSTITUTE W-9 FORM

To avoid Internal Revenue Service (IRS) mandated backup withholding KCTCS is required to obtain your Taxpayer Identification Number (TIN) for reporting income paid to you or your organization. KCTCS uses a Substitute W-9 Form to obtain certification of your TIN and retains this information in its secure payee/vendor database. This form may be completed online and then printed for signature. Tab to fields and populate with your information. New Vendors must complete the entire form. Existing Vendor's may the complete shaded area of form. New and updated forms must be signed and dated.

☐ **New Vendor (complete entire form)** ☐ **Changes to existing vendor (shaded area only)**

Federal Tax ID #: (Required) _____ ☐ TIN/EIN ☐ SSN

**Legal Name used for purposes of IRS reporting**

_____

**Business Name (if different from name used for purposes of IRS reporting)**

_____

**Does your business accept credit Cards?** ☐ **Yes** ☐ **No** **If yes,** ☐ **Visa** ☐ **MC** ☐ **Other:** _____

## Type of Business (Required):

- ☐ Corporation
- ☐ Partnership
- ☐ Non Profit/501(c) Entity
- ☐ Exempt from backup withholding
- ☐ Government Entity
- ☐ Foreign Entity (other than individual)
- ☐ US Agent of Foreign Person/Entity
- ☐ Foreign Nonresident Individual
- ☐ Limited Liability Company
- ☐ Individual/Sole Proprietor (US Citizen)
- ☐ Other (Please Explain):_____

## Business Classification (Required - Select only one – *Does not apply to publically traded entities*):

| | | | | | |
|---|---|---|---|---|---|
| ☐ | **Minority Business Enterprise/MBE** (please choose one sub-classification at right): *Defined as a business at least 51% owned by one or more African-Americans, Hispanics, Native Americans, Asian Pacific Americans, Asian Indian Americans, and other groups as defined by Federal law.* | ☐ | *Hispanic-American* | ☐ | *African-American* |
| | | ☐ | *Asian-American* | ☐ | *American Indian* |
| | | ☐ | *Other (explain):* | | |
| ☐ | **Women-Owned Business Enterprise/WBE** *Defined as a business at least 51% owned by one or more women.* | ☐ | **Disadvantaged Business Enterprise/DBE** *Defined as a business at least 51% owned by at least one differently-abled, socially, or economically disadvantaged individual as defined by Federal law.* | | |
| ☐ | **Veteran Owned Business/VOB** *Defined as a business at least 51% owned and operated by a service veteran.* | ☐ | **Disadvantaged Veteran Owned Business/DVOB** *Defined as a business at least 51% owned and operated by a service veteran with a service-related disability of at least 10 percent.* | | |
| ☐ | **None of the Above** | ☐ | **Other (Explain):** | | |

## Certification

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. person (including a U.S. resident alien).

| **Sign Here** | **Signature of US Person** | **Date** |
|---|---|---|
| **Printed Name:** | | |

| Purchase Order | Purchase Order Information | | | | |
|---|---|---|---|---|---|
| **Preferred Method of Receiving Purchase Orders:** ☐ **Email** ☐ **Fax** | | | ☐ **Check if there is a change to your Purchase order address** | | |
| Vendor Name (if different from above) | | | | | |
| Order to Address | | | | | |
| City | | State | | Zip | |
| Sales Contact Name | | E-mail for PO | | | |
| Sales Contact Phone | | Fax for PO | | | |
| ☐ Purchase Address – Change to | | | | | |
| **Remittance** | **Remittance Address as it appears on your invoice** | | ☐ **Check if there is a change to your remit address** | | |
| Vendor Name (if different from above) | | | | | |
| Remit to Address | | | | | |
| City | | State | | Zip | |
| Remit to Contact Name | | E-mail | | | |
| Remit to Phone | | Fax | | | |
| ☐ Remit to Address – Change to | | | | | |

Wherever possible we desire to replace check payments with an electronic payment (ACH - direct deposit transfer). In order to switch your payment type if already established from paper check to electronic transfer we will need your bank account information entered on this substitute W-9 form. Your email address will only be used to notify you when an electronic payment is issued, to notify you of the issuance of a purchase order, or to notify you of other official business correspondence. Your e-mail and/or banking information will not be shared or distributed outside KCTCS' Business Services Division and will be used solely for KCTCS business applications.

## Direct Deposit Information (All fields are required to receive ACH electronic direct deposit payments)

Name on Bank Account:

Bank Name (include branch name if applicable):

Bank Routing Number (9-digit ABA #): Bank Account Number:

Mark only one (should match information noted above): Checking: ☐ Savings: ☐

**E-mail address -- Please print *LEGIBLY* -- Required for electronic notification of payment to your bank account.**

Mark if this is a:
Establishment of a new direct deposit ☐ Change of existing direct deposit ☐

Email change only ☐ New email address to where payment notification to be sent:

I hereby authorize and request KCTCS to initiate credit entries for payment to my account. If necessary, a debit entry may be made in accordance with National Automated Clearing House Association (NACHA) rules reversing a credit entry made in error at the financial institution named. The electronic payment data remains in effect until withdrawn by written notification to KCTCS, 300 North Main Street, Versailles, KY 40383.

**PRINTED NAME** **Authorized Signature** **Date**