



Vendor Registration Form- **INDIVIDUALS**

**MAKE SURE YOU SIGN THIS FORM. THANK YOU!**

**VENDOR:** Complete and fax to: (770) 423-6474 OR mail to: Kennesaw State University Accounts Payable, 1000 Chastain Road, Mailbox # 3501, Kennesaw, GA 30144-5591. **Questions? Call (770) 499-3672.**

**Kennesaw State University Contact: Name** \_\_\_\_\_  
**KSU Department** \_\_\_\_\_ **Department Phone:** \_\_\_\_\_

**Vendor Name or DBA** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
**Full Name on IRS Records** (if different from above) \_\_\_\_\_  
**Vendor Mailing Address** (Street or P.O. Box, City, State, Zip Code) \_\_\_\_\_  
**E-Mail Address** \_\_\_\_\_

**Remit to Information** (if different): \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_  
Where to send Payment/Remittance (P.O. Box or Street, City, State, Zip Code) \_\_\_\_\_  
\_\_\_\_\_  
**Contact Name and Title** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

► **Please check one of the following describing your relationship to KSU:**  
 Faculty/Staff  Student  Visiting Lecturer  Consultant  Supplier (Goods)  Supplier (Services)  
 Stipend Recipient  Other ► If you checked Other, please describe: \_\_\_\_\_

► **Are you a citizen of the United States?**  Yes  No (If you answered no, please answer questions below.)  
► **Are you a Resident Alien?**  Yes  No      ► **Are you a Non-Resident Alien?**  Yes  No  
**Definitions from IRS Publication 515 –**  
**Resident Alien** – An alien who meets either the green card test or the substantial presence test for the calendar year.  
**Green Card Test** – If you were a lawful permanent resident (green card holder) of the U.S. at any time during the year, you are a resident alien.  
**Substantial Presence Test** – If you were physically present in the U.S. at least 31 days during the current calendar year AND 183 days during the 3 year period that includes the current year and the 2 preceding years - - counting all the days you were present in the current year, and one-third of the number of days present in the first preceding year and one-sixth of the number of days present in the second preceding year, you are considered a resident for tax purposes. There is a 5 year exemption from the SPT for most individuals who possess an "F", "J", "M" OR "Q" visa. For more information refer to IRS Publication 519, U.S. Tax Guide for Aliens.  
**Non-Resident Alien** – An individual who is not a U.S. citizen or a resident alien.  
► **Check the box below that best describes your organizational type:**  
 Domestic (U.S.) Individual (not incorporated)  Domestic (U.S.) Corporation  
 Domestic (U.S.) Sole Proprietorship (not incorporated)  Domestic (U.S.) Other  
 Domestic (U.S.) Limited Liability Company (LLC)  Foreign (non-U.S.) Corporation  
 Foreign (non-U.S.) Sole Proprietorship  Foreign (non-U.S.) Other  
 Foreign (non-U.S.) Limited Liability Company (LLC)

**U.S. Social Security Number**      OR      \_\_\_\_\_  
**Federal Employer Identification Number**      \_\_\_\_\_  
[The U.S. Taxpayer Identification Number and Residency Status Information is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you.]  
**SIGNATURE AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**  
Under penalties of perjury, I certify that the above information is correct and 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.  
3. I am a U.S. person (including a U.S. resident alien).  
\_\_\_\_\_  
**Signature**      /      \_\_\_\_\_  
**Date**

**KSU OFFICE USE ONLY:**  
Vendor Name: \_\_\_\_\_  
Vendor Number: \_\_\_\_\_  
V070803



**Vendor Registration Form- INDIVIDUALS**  
**MAKE SURE YOU SIGN THIS FORM. THANK YOU!**

**PLEASE COMPLETE THE FOLLOWING QUESTIONS CONCERNING YOURSELF OR YOUR BUSINESS:**

**DEMOGRAPHIC INFORMATION**

**Section A:**

**Is your company a SMALL BUSINESS?** YES NO (circle one)  
 [Small business means an independently owned and operated entity (including sole proprietorships and other unincorporated businesses) that has either fewer than one hundred (100) employees OR less than one million dollars (\$1,000,000) in gross receipts per year. (GA State Statute 50-5-121)]

**If you answered YES to the question above, please check the following reason(s) that apply:**

- Less than 100 employees     Less than \$1,000,000 in gross annual receipts

**Section B:**

**Are you a FEMALE OWNED Business?** YES NO (circle one)  
 [Female owned means that the business is owned or controlled by one or more female persons.]

**Section C:**

**Are you a MINORITY OWNED Business?** YES NO (circle one)  
 [Minority owned means that the business is owned or controlled by one or more minority persons.]

**If you answered YES to the question in Section C, please complete the following:**

	<b><u>African</u></b>	<b><u>Asian</u></b>	<b><u>Native</u></b>	<b><u>Pacific</u></b>	<b><u>Hispanic/</u></b>
	<b><u>American</u></b>	<b><u>American</u></b>	<b><u>American</u></b>	<b><u>Islander</u></b>	<b><u>Latino</u></b>
<b>Percentage of</b>					
<b>Ownership</b>	%	%	%	%	%

**Instructions:**

- 1) Enter the name in which you want to be recognized, your full legal name as recorded on IRS records (must be exact for verification purposes), your complete mailing address, and your e-mail address.
- 2) Enter Remit to Information only if different from #1 above.
- 3) Check a box describing your relationship to KSU.
- 4) Complete the residency status section.
- 5) Enter your U.S. Social Security Number (SSN). If you utilize a Federal Employer Identification Number (FEIN), enter that number.
- 6) Enter your organizational type.
- 7) Make sure to sign and date this section. **We cannot process this form without the verification signature!**
- 8) Please enter confidential demographic information on page two as required by the State of Georgia.
- 9) Fax this form to the number listed on the top of page one.