Substitute W-9 Form

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

College:	Fire Commission		
College Contact:	FC Finance Team	College Contact Email:	fccancer@kctcs.edu
College Contact Ph:	(800) 782-6823	Supplier Analyst Email	

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/Supplier database. Form must be completed in full. Please print LEGIBLY.

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

Legal Name used for purposes of IRS reporting

_____

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

_____

Type of Business (Required):

o Corporation
o Partnership
o Non Profit/501(c) Entity
o Exempt from backup withholding
o Government Entity
o Limited Liability Company
o Individual/Sole Proprietor (US Citizen)
o U.S. Agent of Foreign Person/Entity
o Foreign Entity (other than individual)
o Foreign Nonresident Individual

Other (Please Explain) _____

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

o	**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.*	o	*Hispanic-American*	o *African-American*
		o	*Asian-American*	o *American Indian*
		o	*Other (explain):*	
o	**Women-Owned Business Enterprise/WBE** *Defined as a business at least 51% owned by one or more women.*	o	**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.*	
o	**Veteran Owned Business/VOB** *Defined as a business at least 51% owned and operated by a service veteran.*	o	**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.*	
o	**None of the Above**	o	**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).

Signature of U.S. Person	Date
Printed Name:	

Revised 03/27/2024

Purchase Order	Purchase Order Information				
Supplier Name (if different from above)					
Order to Address					
City		State		Zip	
Sales Contact Name		Phone for PO			
Sales Contact Email					

Remittance	Remittance Address as it appears on your invoice THIS IS YOUR INFORMATION NOT UDS				
Supplier Name (as it appears on invoice)					
Remit to Address					
City		State		Zip	
Remit to Contact Name		Phone for Remit			
Remit to Email					

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)	
United States Territory Checking Accounts Only Accepted for ACH	
Name on Bank Account:	
Bank Name (include branch name if applicable):	
Bank Routing Number (9-digit ABA #):	Bank Account Number:
E-mail address -- Please print *LEGIBLY* -- Required for electronic notification of payment to your bank account.	

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