



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION
LBNL Substitute W-9

FOR INDIVIDUAL /SOLE PROPRIETORS ONLY

PLEASE TYPE OR PRINT CLEARLY

Instructions to Vendor: Please fill out the form and return/fax to the individual requesting it. An IRS W9 form is not accepted in lieu of this W9 Substitute form.

Instructions to LBNL Department: Please fax to Vendor Desk at (510) 486-6975 or send via Lab mail to MS: 90J

Questions: Please email vendordesk@lbl.gov or call (510) 486-6954

VENDOR INFORMATION			
Social Security Number (Owner SSN required for sole proprietorship and DBA's)		Taxpayer ID Number (Federal TIN used to file Federal tax return)	
Name of Individual/Sole Proprietor (Should match SS Card)		DBA name (if any) Payment will be issued to this name	
Business phone number	Business fax number	Email address	
()	()		
Physical / PO Street Address		City	State
			Zip Code + 4
Remittance Address (if different than Physical / PO Address)		City	State
			Zip Code + 4

VENDOR PROFILE AND TAX ACKNOWLEDGEMENT			
What does your business provide? (Check all that apply)		<input type="checkbox"/> Services	<input type="checkbox"/> Supplies
NAICS Code(s)		Dun & Bradstreet No.	
Business Status (please check all that apply)			
<input type="checkbox"/> Disadvantage Business	<input type="checkbox"/> Veteran-Owned Small Business	<input type="checkbox"/> California Disabled Veteran	<input type="checkbox"/> Hub Zone
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Women-owned Business	<input type="checkbox"/> 8a Set-Aside	

STATE OF CALIFORNIA INCOME TAX WITHHOLDING REQUIREMENT
Do you physically perform services in the State of California?
<input type="checkbox"/> No Please complete Form 587 <input type="checkbox"/> Yes Please complete Form 587 or 590 as applicable
Either a CA587 or CA590 form (not both) must be completed and signed in order to do business with LBNL.

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with LBNL, or may result in LBNL having to deduct Federal and State backup withholding.

U.S. Taxpayer Identification Number (TIN): The TIN provided must match the Name of Individual provided above to avoid backup withholding. For individuals, this is your Social Security Number (SSN) or Individual Tax Identification Number (ITINs are provided to non-resident aliens for tax purposes).

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number.
- I am not subject to backup withholding due to failure to report interest and dividend income, and
- I am a U.S. person or a U.S. resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholdings.

Signature	Date
Name and title of the above individual (please print)	Date



DIRECT DEPOSIT ENROLLMENT FORM

Name of Financial Institution		Name on account														
Address		City	State	Zip code												
*Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number (RTN) (9 digits)															
Account Number (Include leading zeros - do NOT include check number): Financial institution routing and account numbers can be identified at the bottom of your checks.																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">Your Bank Name Bank City, State</td> <td style="width:33%; padding: 2px;"></td> <td style="width:33%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Memo</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;"> @123456789 @</td> <td style="text-align: center; padding: 5px;">1000123456@</td> <td style="text-align: center; padding: 5px;">1234</td> </tr> <tr> <td style="text-align: center; padding: 2px;">9 digit routing number</td> <td style="text-align: center; padding: 2px;">10 digit account number</td> <td style="text-align: center; padding: 2px;">Check number</td> </tr> </table>					Your Bank Name Bank City, State			Memo			@123456789 @	1000123456@	1234	9 digit routing number	10 digit account number	Check number
Your Bank Name Bank City, State																
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DIRECT DEPOSIT AGREEMENT

I authorize the Regents of the University of California, Lawrence Berkeley National Laboratory to deposit by electronic transfer payments owed to me by LBNL and, if necessary, debit entries and adjustments for any amounts deposited electronically in error (will receive written notification beforehand). LBNL shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically.

This authorization will remain in effect until canceled in writing. I must initiate and complete a new authorization form if I change my account, close my account, or change financial institutions.

Authorized Signature	Printed Name	Date

Company contact information for notification and details of direct deposit payments		
Contact Name	Phone number	Email address for payment notification

* Please provide a copy of a voided check.

LBNL Use Only Vendor No.: _____ Location No.: _____
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