

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

**Berkeley Lab  
Substitute W-9 Form**

**For Domestic Companies Only**

**Instructions to Supplier:**

- An IRS W9 form will not be accepted in lieu of this Berkeley Lab W-9 Substitute form.
- Please complete and return this form by fax to your Berkeley Laboratory Procurement contact.
- This form contains Personally Identifiable Information (PII) when filled out. Do not store this filled-out form on your computer. Do not email or transmit via internet. Store the completed form in a safe place and destroy if possible.

**Instructions to Berkeley Laboratory Department:**

- Please mail this form to Mailstop 971-AP or fax to (510) 486-6975
- **DO NOT email this form as it contains PII.**
- **Questions?** Please email [cfo-ap-vendorsetup@lbl.gov](mailto:cfo-ap-vendorsetup@lbl.gov) or call (510) 486-4784

**Supplier Information**

Business Name (as it appears on Federal tax return)		DBA Name, if any (payment will be issued to this name)		
Taxpayer ID Number (Federal TIN used to file Federal Tax return)				
Physical Address (required)	Suite No.	City	State	Zip Code + 4
Remittance Address (if different than above)	Suite No.	City	State	Zip Code + 4
Telephone Number	Fax Number			
DUN & Bradstreet Number (for reporting purposes only)	North American Industry Classification (NAICS) Code(s)	Congressional District		

**Supplier Profile and Tax Acknowledgement**

What does your business provide? (Check only one box)	<input type="checkbox"/> Services	<input type="checkbox"/> Supplies	<input type="checkbox"/> Services and Supplies
Federal Tax Classification			
<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = partnership) _____  <input type="checkbox"/> Other _____		Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting Code (if any) _____	



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<b>Business Classification (Check only one box)</b>			
<input type="checkbox"/> Small Business (SB)	<input type="checkbox"/> Large Business (LB)	<input type="checkbox"/> Non-Profit (NP)	<input type="checkbox"/> DOE Contractor (DO)
<input type="checkbox"/> State & Local Government (SL)	<input type="checkbox"/> University of California (UC)	<input type="checkbox"/> Federal Entity	
<b>Small Business Status (Check all that apply)</b>			
<input type="checkbox"/> Small Business	<input type="checkbox"/> Woman-Owned Small Business	<input type="checkbox"/> Service Disabled Veteran-Owned Small Business	
<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> California Disabled Veteran	<input type="checkbox"/> HubZone Small Business	
<input type="checkbox"/> (8a) Small Disadvantaged Business	<input type="checkbox"/> Veteran-Owned Small Business		
<b>State of California Withholding Requirement</b>			
Do you physically perform services in the State of California?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>If No, complete Form 587.</li> <li>If yes, complete Form 587 if you are a nonresident of California.</li> <li>If you are a resident of California or have a permanent place of business in California, complete Form 590.</li> </ul>			

**Either a CA587 or CA590 form (not both) must be completed and signed in order to do Business with Berkeley Lab.**

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

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. citizen or other U.S. person and (Note: You are considered a U.S. person if you are: 1) U.S. Citizen or U.S. Resident Alien or 2) a partnership, corporation, company or associated created or organized in the U.S. or under the law of the U.S., and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

<b>Signature of U.S. person and supplier representative (must be authorized to sign an IRS form)</b>	<b>Title</b>	<b>Date</b>
<b>Name of the above individual</b>	<b>Telephone number</b>	<b>Email address</b>