



Office of the Chief Financial Officer
 Accounts Payable Vendor Desk
 1 Cyclotron Rd., MS: 971-AP
 Berkeley, CA 94720
 (510) 486-4784

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

FOR INDIVIDUAL / SOLE PROPRIETORS ONLY

Instructions to vendor: Please complete and return form to your procurement contact. *An IRS W9 form is not accepted in lieu of this W9 Substitute form.*

Instructions to LBNL Department: Please fax/return to LBNL AP Dept. at (510) 486-6975. **DO NOT email tax forms that contain SSNs.** Questions? Please email cfo-ap-vendorsetup@lbl.gov or call (510) 486-4784.

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 Address (required)	Suite No.	City	State	Zip Code + 4
Remittance Address (if different than above)	Suite No.	City	State	Zip Code + 4
DUN & Bradstreet Number (for reporting purposes only)	NAICS Code(s) (North American Industry Classification)		Congressional District	

Vendor Profile and Tax Acknowledgement

What does your business provide?		Business Status:	
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State of California Income Tax Withholding Requirement

Do you physically perform services in the State of California? If yes, complete Form 587 if you are a nonresident of CA. If you are a resident of California, complete Form 590.	Yes		No	
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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.

Under penalties or perjury, I certify that:

1. The number show on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. 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.



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Signature of U.S. person and vendor representative (must be authorized to sign an IRS form)	Title	Date
Name of the above individual (please print)	Telephone number	Email Address