

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Sensitive Information (All Fields are required unless noted)
VENDOR INFORMATION/TIN CERTIFICATION

Vendor Address Select all that apply <input type="radio"/> Order <input type="radio"/> Remit <input type="radio"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="radio"/> Order <input type="radio"/> Remit <input type="radio"/> 1099
Name:	Address:
Business Name: <i>(if different from above)</i>	City:
Address 1:	State: Zip Code:
Address 2:	Telephone #:
City:	Description: <i>(If needed)</i>
State: Zip Code:	
Taxpayer Identification #: <i>(TIN, SS, or EIN number)</i>	
DUNS #: CAGE Code:	
Financial Information (If Requested)	
Bank Name:	Routing # (this nine digit number appears on your checks, but do not include)
City:	Account #:
State: Zip Code:	Type of Account: (select one) <input type="radio"/> Checking <input type="radio"/> Savings

Type of Organization for 1099 reporting: Mark one

- sole proprietorship partnership corporate entity (not tax-exempt) corporate entity (tax-exempt) health care provider
 government entity: State or Local other: _____

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned 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 and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

Additional information required for vendors used for procurement

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Not Applicable Minority Owned Business (If yes, select race/ethnicity selections from below):
 Black American Asian-Pacific American Hispanic American Native American Asian-Indian American Other: _____

For Agency Use Only: New Vendor Change Active Inactive Vendor Code Change: _____

The following information is optional for individuals whose name and telephone are already on the form:
Contact Name: _____
Telephone Number: _____ Email: _____

Identification of person making this request:
Name: _____
Telephone Number: _____ Originating Office: _____

Please type or print clearly. This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.