REQUEST FOR PAYMENT VIA ELECTRONIC FUNDS TRANSFER

Please return form to Accounting Services at:
PO Box 173362 Campus Box 98 Denver CO 80217-3362, or
Submit securely to:
https://secureshare.msudenver.edu/filedrop/securedropbox
Questions: e-mail acctsvcs@msudenver.edu or call 303.615.0039

NEW Vendors Only

Section A: Payee Information

Vendor Name: _____

Vendor Address: _____ City/State: _____ Zip Code: _____

Country: _____ *E-mail: _____

Daytime Contact #(Primary): _____ (Alternate): _____

Section B: Payee Bank Information

Bank Name: _____

Bank Address: _____ City/State: _____ Zip Code: _____

ABA/Routing # (Domestic): _____

Account Number: _____

Account Holder Name: _____ Contact #: _____

If outside the US

SWIFT Code (International): _____

IBAN Code (European Bank): _____

Payment Reference: _____

Section C: Payee Authorization

I hereby authorize Metropolitan State University of Denver (Metro State, or the University) to remit to me via electronic funds transfer to the account named above. If I close or change my account information, I will notify Metro State immediately. In the event I do not notify Metro State of any changes to my account and a payment is returned I understand that I will not receive another payment until the first electronic funds transfer is returned in whole to the University.

Authorized Account Signatory	Print Name	Date

*The payment remittance advice will be sent directly to this e-mail account. If you do not provide an email address you will not receive a remittance advice.

03.31.2021

Form W-9
Substitute Form for IRS Rev. Oct 2018
MSUDenver Rev 02.02.22

Request for Taxpayer Identification Number and Certification

IRS Instructions may be found at: https://www.irs.gov/forms-instructions

Do NOT send to the IRS.

Send form securely to MSU Denver (online link below).

Print or type. See Instructions.

1 Name (as shown on your income tax return). **Name is required on this line**; do not leave this line blank.

2 Business name/disregarded entity name, if different from above.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only ONE of the following seven boxes.

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ LLC - Single Member Filing as Sole Proprietor ☐ Limited Liability Company Filing as C-Corporation ☐ Limited Liability Company Filing as S-Corporation ☐ Limited Liability Company Filing as Partnership

Note: *Check the appropriate box in the line above for the tax classification of the single-member owner. Do NOT check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is NOT disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.*

☐ Other (see W-9 instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see W-9 instructions):
Exempt payee code (if any): _____ Exemption from FATCA reporting code (if any): _____
(Applies to accounts maintained outside the U.S.)

Provider of Medical Services? ☐ Yes ☐ No
Provider of Legal Services? ☐ Yes ☐ No

5 Address (number, street, and apt. or suite no.) See W-9 instructions.

6 City, State, and ZIP code

7 List account number(s) here (optional)

Requester's name and address
MSU Denver - Accounts Payable
Campus Box 98, PO Box 173362
Denver, CO 80217-3362 Submit Securely Online ↓
https://secureshare.msudenver.edu/filedrop/securedropbox

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I in the instructions. For other entities, it is your employer identification number (EIN).

If you do not have a number, see *How to get a TIN*, in the instructions.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number to give the requestor* (in the W-9 instructions) for guidelines on whose number to enter.

Social Security Number (SSN)
___ - ___ - ____

or

Employer Identification Number (EIN)
__ - _____

Part II Certification

Please complete Page 2 for voluntary Self-Certification of your Ownership Category and Businesses Characteristics. →

Under penalties of perjury, I certify that:

1 The number shown on this form is my correct taxpayer identification number (or I am waiting for number to be issued 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 of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3 I am a U.S. citizen or other U.S. person (defined in the W-9 instructions); and
4 The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certifications instruction You must cross out item 2 above 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Go to: *www.irs.gov/FormW9* for IRS instructions and the latest information.

Sign Here Signature of U.S. person ▶ Date ▶

Organization Name: _____

VOLUNTARY **Business Category Self Certification** (Check all boxes that apply.) Rev 2/2/2022

In an effort to help us understand and measure MSU Denver's diverse vendor relationships, you are invited to provide additional information about your company. We are reviewing levels of participation by women, minorities, small businesses, local businesses, and other impacted groups doing business with MSU Denver. Please provide the appropriate ownership category for your company, as well as any characteristics of your business you would like to share.

"Owned" in the context below means a business that is at least 51 percent owned by an individual(s) who also control(s) and operate(s) it. "Control" in this context means exercising the power to make policy decisions. "Operate" means actively involved in the day-to-day management. If your business is jointly owned by both men and women, or is a large publicly held corporation, please check the box labeled "Not Applicable".

Self Certifications (Mark X for all that apply)

Small Business Information:
A Small Business is a business that is organized for profit, is independently owned and operated and not dominant in their field of operation.

Small Business Concern (SBC):

- ☐ Small Disadvantaged Business (SDB)
- ☐ HUBZone Small Business (HUM Zone)
- ☐ SBA 8(a) and Small Business Mentor Protégé Program 8(a)
- ☐ Not Applicable
- ☐ Woman-Owned Small Business (WOSB)
- ☐ Veteran-Owned Small Business (VOSB)
- ☐ Service-Disabled Veteran-Owned Small Business (SDVOSB)

Large Business Concern (LBC):

- ☐ Minority-Owned Bus. Enterprise (MBE)
- ☐ Not Applicable
- ☐ Woman-Owned Business Enterprise (WBE)

Business Characteristics (Mark X for all that apply)

Please select any appropriate characteristics for your business below.

- ☐ Alumni-Owned
- ☐ Asian-Owned
- ☐ Black-Owned
- ☐ *Disabled-Owned (DOBE)
- ☐ Employee-Owned
- ☐ Immigrant-Owned
- ☐ Latino-Owned
- ☐ *LGBTQBE-Owned (LGBTBE)
- ☐ *Minority-Owned
- ☐ Native American-Owned
- ☐ Refugee-Owned
- ☐ *Veteran-Owned
- ☐ *Woman-Owned
- ☐ Located in Colorado
- ☐ Benefits Offered: Health insurance to employees
- ☐ Benefits Offered: Paid time off
- ☐ Environmentally sustainable practices used
- ☐ Hire people with barriers to employment
- ☐ Pay a living wage
- ☐ Social Enterprise
- ☐ Unionized workers
- ☐ Other *Please provide details in the box below:*

*Certification available

Business Size (# Full Time Employees)

- ☐ 1-25 Employees
- ☐ 26-100 Employees
- ☐ 101-250 Employees
- ☐ 251-500 Employees
- ☐ 501-1000 Employees
- ☐ Over 1000 Employees

Additional Descriptive Information

Alumni-Owned - A business owned by an alumna/alumnus of MSU Denver.

Disabled-Owned - (DOBE) A disability-owned business enterprise is a for profit business that is at least 51% owned, managed and controlled by a person with a disability.
(From https://disabilityin.org/what-we-do/supplier-diversity/)

Large Business Concern - (LBE) An organization that exceeds the small business size code standards established by the SBA as set forth in the Code of Federal Regulations, Title 13, Part 121.

LGBTQ-Owned - Be at least fifty-one percent (51%) owned, operated, managed, and controlled by an LGBT person or persons who are either U.S. citizens or lawful permanent residents. (From https://www.nglcc.org/get-certified)

Living Wage - The minimum income needed to meet basic needs for an individual. The remuneration received for a standard workweek by a worker in a particular place sufficient to afford a decent standard of living for the worker and her or his family. Elements of a decent standard of living include food, water, housing, education, health care, transportation, clothing, and other essential needs including provision for unexpected events.
(From Globallivingwage.org)

Located in Colorado - The business must be registered with the Colorado Secretary of State.

Minority - An individual who is a U.S. citizen with at lease one quarter of the following: Aftican-American/Black, Asian-Indian, Asian-Pacific, Hispanid/Latin-American, Native American.
(From https://nmsdc.org/mbes/what-is-an-mbe/)

Minority-Owned - A business with at least 51% minority ownership and management of the day-to-day operations.

Social Enterprise - A social enterprise is an organization or initiative that marries the social mission of a non-profit or government program with the market-driven approach of a business.
(From https://www.sbventures.org/social-enterprise-alliance)
Typically they reinvest or donate profits for environmental or social change.

Small Business Concern - (SBE) an organization that falls within the small business net worth and code standards established by the SBA as set forth in the Code of Federal Regulations, Title 13, Part 121.

Veteran-Owned - At least 51% of the business must be directly and unconditionally owned by one or more Veteran(s) or Service-disabled Veteran(s). (From https://www.va.gov/osdbu/verification/)

Woman-Owned - At least 51% owned and controlled by women who are U.S. citizens. Have women manage day-to-day operations who also make long-term decisions.
(From https://www.sba.gov/federal-contracting/contracting-assistance-programs/women-owned-small-business-federal-contracting-program#section-header-6)