Cherokee Nation Substitute Form W-9

Request for Taxpayer Identification Number and Certification

NOTE: Your United States TAXPAYER IDENTIFICATION NUMBER MUST be provided regardless of your tax status. Name must be the same as that filed with the Internal Revenue Service (IRS) or the Social Security Administration (SSA), as applicable. Failure to return this form in a timely manner will delay the order and/or payment. The following information needs to be completed and returned to your contact person at Cherokee Nation.

PRINT OR TYPE – ALL FIELDS MUST BE COMPLETED

1. LEGAL NAME (As entered with IRS or SSA) If Sole Proprietorship, enter your LAST, FIRST, MI

2. TRADE NAME (If doing business as (D/B/A) or business name of Sole Proprietorship)

3. Exemptions (Codes apply only to certain entities; not individuals)

Exempt Payee code (if any) _____

Exemption FATCA reporting Code (if any)_____
(Applies to accounts maintained outside the U.S.)

4. PRIMARY ADDRESS (Physical Address)

Number and street

City, State, Zip + 4

5. REMIT ADDRESS (Mailing Address if different from above)

PO Box or number and street

City, State, Zip + 4

6. Vendor Entity Type (Select only one box)

- ☐ Individual
- ☐ Sole Proprietor
- ☐ Partnership
- ☐ Limited Liability Partnership
- ☐ Non-Profit
- ☐ Government
- ☐ Corporation
- ☐ Limited Liability Corporation
- ☐ Professional Corporation
- ☐ Disregarded Entity
- ☐ Other

7. CONTACT INFORMATION

Email Address:

Phone Number:

Fax Number:

Contact Name:

Contact Title:

8. Minority Certification (Select all that apply and attach copy of certification)

- ☐ Certified Indian Owned (Tribe)
- ☐ Certified Major Cherokee Employer
- ☐ Small Disadvantage
- ☐ TERO Certified
- ☐ Female Owned
- ☐ Other Minority Owned _____
- ☐ None Apply

9. TAXPAYER IDENTIFICATION NUMBER (TIN)

Federal Employer Identification No. (FEIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___

OR

Social Security Number (SSN) ___ ___ ___ - ___ ___ - ___ ___ ___ ___

10. Purpose for W-9

- ☐ Providing Goods
- ☐ Providing Services
- ☐ Providing Goods and Services
- ☐ Receiving CN Program Assistance
- ☐ Expense Reimbursement

CERTIFICATION: Under penalties of perjury, I certify that:

1.The number shown on this form is my correct taxpayer identification number and that the information I provided is correct and complete; 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 or 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 instructions); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Signature _____

Title _____ Date _____
Please Print

FOR CN PROGRAM USE ONLY	FOR AP USE ONLY	FOR FR USE ONLY
	DATE _____ **VENDOR NUMBER**_____ **VENDOR** ☐ Addition ☐ Change **1099** ☐ Yes ☐ No	

APPROVED FORM: CN-AP-16-106
Effective Date: _____

Instructions for the Cherokee Nation Substitute Form W-9

PLEASE NOTE: ALL boxes must be filled out and the certification section signed prior to AP processing the W-9. If the form is not complete, the W-9 will not be accepted.

1. **LEGAL NAME -** Enter the individual's or company's legal name as on record with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

2. **TRADE NAME –** Enter the doing business as (DBA) or trade name of the company or sole proprietor if different from the legal name in box 1.
    a. Individual - If no business name exists, please mark box N/A
    b. Company **-** If company name is the same as the legal name in box 1, please mark box N/A

3. **EXEMPTIONS -** If you or your company are exempt from federal withholding or FACTA reporting please enter the IRS exemption code below that applies to you.
    a. Codes for exemptions:

Code	Exemption Classification
1	Any organization exempt from tax under section 501(a), any IRA, 403(b)(7) if the account satisfies section 401(f)2
2	The United States Federal Government or any of its entities
3	A state, U.S. commonwealth or territory, municipalities or tribal government
4	A foreign government
5	A corporation*
6	A dealer in securities or commodities required to register in the U.S.
7	A futures commission merchant registered with the CFTC
8	A real estate investment trust
9	An entity registered the full year under the Investment Company Act of 1940.
10	A common trust fund operated by a bank under section 584(a)
11	A financial institution as defined undersection 581.
12	A middle man known in the investment community as a nominee or custodian
13	A trust exempt from tax under section 664 or described in section 4947

    * The following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding; medical and health care payments, attorney's fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

4. **PRIMARY ADDRESS -** Enter the physical location address of the company or individual in box 1.
        i. P.O. Boxes are not permitted on this line. List P.O. Boxes in box 5, remit address.

5. **REMIT ADDRESS** – Enter the address you would like the payment or any correspondence to be mailed to.

6. **VENDOR ENTITY TYPE** – Check the appropriate box for the U.S. federal tax classification of the company or individual in box 1.
7. **CONTACT INFORMATION** – Enter the information for the primary contact of the company or individual in box 1.
    a. This information is for Cherokee Nation program use only.

8. **MINORITY CERTIFICATION** – If you are a minority owned company, select all boxes that apply.
    a. If any box is marked, certification of the minority ownership will need to be included with the submission of the W-9.
9. **TAXPAYER INDENTIFICATION NUMBER (TIN)** – Enter IRS Federal Employer Identification Number (FEIN) or the individuals Social Security Number (SSN).
    a. This information along with the legal name will be verified through the IRS TIN matching system.
        i. If the information on the W-9 does not match IRS records, the vendor will not be activated within the AP system
    b. Only enter an FEIN or a SSN. If both fields are filled in, the W-9 will not be processed.

10. **PURPOSE FOR W-9** – Mark the box that applies to the reason for the W-9 submission.
    a. Select only 1 box. If more than 1 is selected, the W-9 will not be processed.

CERTIFICATION – W-9 must be signed by the individual or a representative of the company with authorized signature authority. The signature certifies that under penalties of perjury, the number shown on this form is the correct taxpayer identification number and that all of the information provided is correct and complete.

Boxes at the bottom:

1. For CN program use only – this is the area for the program to list the type of assistance or any pertinent information needed to process the payment correctly.
2. For CN Accounts payable department to document the type of vendor being set up in the AP system, its taxable status and the vendor number assigned to the individual/entity in box 1.
3. For FR use to document IRS verification run date and findings of verification report.