

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

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, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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 Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

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 a 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 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 below); 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. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

San Carlos Apache Tribe Vendor Registration Form B

This form is to be completed by the recipient as part of the vendor registration process. The form must be completed, signed and forwarded to the Finance Department before any checks or purchase orders can be processed. Registration information will be used for both financial tracking and tax reporting to the Internal Revenue Service. Departments submitting requisitions for a vendor not registered will have the requisition returned to the Department.

Vendor registration forms are requested yearly following the IRS calendar year; January to December.

Vendor Information:

Company Name (Business Name): _____

Owner's Name (s) _____ Phone: _____

Main Company Address: _____ Email: _____

City: _____ State: _____ Zip _____

Duns and Bradstreet Number _____

Remittance Address & Check Payable Name (If different from business address please indicate reason ei: corporate name, dba):

Check payable to: _____

Company Address: _____

City: _____ State: _____ Zip _____

Business Type: Choose which business type best describes your company. You may choose more than one.

Type:	Goods	Service	Non Profit	Construction
	Tribal Department/Group		Tribal Enterprise/Organization	
Preference:	Native American	Tribal Member	AZ Tribes	US Tribes
	Small Disadvantaged Businesses		Minority Owned Business	

Parent or Legal Guardian Release: Minor (18 years old or below, parents must sign form)

I release information of my minor child listed above.

Parent or Legal Guardian Signature

Date

Tax Identification Number: Identify the tax reporting number for the Tribe to use in reporting income to IRS. Submit signed form W-9.

Employment Identification Number (EIN):

Social Security Number (SSN):

I am not subject to Federal Withholding requirements.

I am subject to Federal Withholding requirements.

Debarment:

Federal Executive Order (E.O.) 12549 "Debarment and Suspension" requires that all contractors receiving individual awards, using federal funds, and all sub-recipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.

Failure to comply will disqualify request to be entered as a vendor in our Accounting system. Information on debarment is available at the following websites: www.sam.gov

Your signature certifies that you or your principal is NOT presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

_____ (Name)

_____ (Company)

_____ (Address)

_____ (Address)

PHONE _____ -- FAX _____

EMAIL _____

TRIBAL TAX

1. First step, determine the location of delivery of the purchase of goods and services:

A. _____ Purchase of goods and services is not within the San Carlos Apache Reservation boundaries. (Tribal tax does not apply)

B. _____ Purchase of Goods and Services **within** the San Carlos Apache Reservation boundaries. (4% Tribal tax applies)

C. _____ Goods and Services **ordered from and delivered** to the San Carlos Apache reservation. (4% Tribal tax applies)

2. If Subject to Tribal tax, vendors must obtain a Tribal business license from the General Manager's office.

San Carlos Apache Tribal Business License No _____ Effective Dates _____ Expiration Date: _____

3. If subject to Tribal Tax, select one option below.

Tribal Tax: Option 1: Tribal Finance will deduct the Tribal tax of four (4%) percent from all payments and pay you only for the cost of your product or service. The total amount of payment including Tribal tax deduction will be reported to the IRS. You will be issued a debit memo for your IRS reporting.

_____ A. I elect to include Tribal tax on my invoices.

_____ B. I elect to have the San Carlos Apache Tribe to write the 4% Tribal tax on my invoices.

Tribal Tax: Option -Other Tribal Sales Tax Exemptions:

- 2A. The sale of unprepared whole food products to Women and Infant Children program recipients or to the individuals seeking to make payments with federal Food Stamps;
- 2B. Goods purchased for resale;
- 2C. Charges for actual freight costs incurred on the shipment of tangible personal property to the purchaser;
- 2D. Fuel; and
- 2E. Sales of goods and services by itinerant or residential businesses.

In terms of Tribal tax, I elect for option (for example: 1A, 1B, 2A, 2B, 2C, 2D, or 2E- select one) _____.

In the event, the vendor's business is based off the San Carlos Apache reservation and work is performed within the reservation boundaries, the vendor will be required to identify how much work is performed within the San Carlos Apache reservation boundaries. The vendor's invoices must reflect this information. Appropriate tax rates apply. Tribal tax is calculated above the vendor's goods and service rate. Tribal tax is paid from the funding source. Shipping is not included in calculations of Tribal tax.

Vendor - Authorized Signature: _____ Date _____

Conflict of Interest:

Conflict of Interest –Disclosure statement required if a member of your immediate family is employed or contracted with San Carlos Apache Tribe or any of its subsidiaries. Please attach as a separate memo. If so, please list the name, job title and location of the person employed.

Definition of "Immediate family" means the employee's spouse, brother, sister, parent, child, stepchild, father-in-law, mother-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, grandmother, grandfather, grandchildren, step-parent, aunt, uncle, niece, nephew, and any other member of the employee's household." (Tribal Personnel Manual)

Your signature certifies that neither you, the legal owners, the board members or your principal has any known conflict of interest issue from participation in this transaction by any Tribal department or agency. If there are **no known conflict of interest** issues, please sign and verify.

Authorized Signature: _____ Printed Name: _____

Title: _____ Date: _____

Department Information: List the tribal department are you working with?

- Contractor
- Consultant
- One-time purchase
- Other- _____

Department Name: _____ Person submitting information: _____

Finance Department:	Reportable income	Non-reportable income
Entered by: _____	Date: _____	
Scanned and attached by: _____	Date: _____	

Finance Department:

Reportable income

Non-reportable income

Entered by: _____ Date: _____

Scanned by: _____ Date: _____

Attached to vendor file: _____ Date: _____