



PURCHASING & CONTRACT SERVICES

SUPPLIER REGISTRATION FORM

Dear Prospective Supplier,

Thank you for your interest in doing business with San Joaquin Delta Community College District. In accordance with District's Policy and in order to be registered as a supplier, complete this "W-9/Supplier Information Form".

Information collected on this form will help the District comply with the Internal Revenue Code, Section 6109, which requires a supplier to have a Tax Identification Number on file, before an order or payment can be processed.

If the Supplier information section is not returned completely filled out, including the Business Certification, the supplier will be listed as "Non-Responsive". Suppliers will not receive the appropriate Business Certification credit and will not be added to appropriate commodity list for future use. The Business Certification information is used to provide a yearly report to the Board of Trustees.

In order to keep the Supplier's record up to date and to report accurate information to the Board of Trustees, it's important to always maintain the most current information on file. Therefore, if changes occur, a revised W-9/Supplier Information Form must be completed. Updated forms will replace existing forms.

Please email completed and signed form to: purchasing@deltacollege.edu

Thank you,

The Purchasing and Contract Services Team

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.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

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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Supplier Information

Full Company Name: _____

Doing Business As: _____

Supplier Remittance Address: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____

Company Website: _____

Contractors and/or Business License Number: _____

Do you collect California Sales Tax? Yes or No Response _____

What are your payment terms? _____

Business Certification

Please check only one box:

<input type="checkbox"/>	Disabled Veteran Owned	<input type="checkbox"/>	Women Owned
<input type="checkbox"/>	Disabled Owned	<input type="checkbox"/>	Minority Owned
<input type="checkbox"/>	Veteran Owned	<input type="checkbox"/>	Small Business
<input type="checkbox"/>	Micro Business Owned	<input type="checkbox"/>	

Certified by the California Department of General Services? Yes or No Response _____

Certification Organization Name: _____

Category Code List (Select All That Apply)

Oracle Code	Oracle Category Code Description	Please "X" if applicable
100	Advertisements	
200	Agriculture, Horticulture, Ornamental Equipment and Supplies	
300	Art, Ceramics, Drafting Equipment and Supplies	
400	Athletic Equipment and Supplies	
500	Audio Visual, Broadcast, Photography, Radio, TV Equipment and Supplies	
600	Automotive Auto Body, Auto Electronics Equipment and Supplies	
700	Books, Film, Video, Pre-Printed Material and Publications	
3800	Building Maintenance, Repair, Service, Public Works	
800	Building Materials, Floor and Window Covering, Paint, Upholstery	
900	Catering (Food Only) No On-Site Service	
1000	Child Care (CDC) Equipment and Supplies	
1100	Computer Hardware, Software Equipment and Supplies	
1200	Confirming and Reimbursement Purchase Orders (VIOLATION)	
3900	Contract	
1300	Copiers, Fax, Graphics, Printing, Duplicating Equipment and Supplies	
1400	Culinary Arts, Food Service, Equipment and Supplies	

1500	Electronics Equipment and Supplies	
1600	Emergency Purchase Orders	
1700	Fashion Design Equipment and Supplies	
1800	Furniture	
1900	Grounds Equipment and Supplies	
2000	Health Sciences Equipment and Supplies	
2100	Janitorial Equipment and Supplies	
2200	Locksmith, Security Equipment and Supplies	
2300	Mailing, Packaging, Shipping Equipment and Supplies	
2400	Maintenance, Electrical, HVAC, Plumbing, Refrigeration, Equipment and Supplies	
2500	Memberships, Dues and Subscriptions	
2600	Musical Equipment and Supplies	
2700	Office, School Equipment and Supplies	
2800	Police Equipment and Supplies	
2900	Promotional	
3000	Safety, First Aid, Hazardous Materials Equipment and Supplies	
3100	Scientific Equipment and Supplies	
3200	Signs	
3300	Telecomm, Two-way Radios, Equipment and Supplies	
3400	Theatrical Equipment and Supplies	
3500	Transportation, Utility Equipment and Supplies	
3600	Uniforms, Shoes and Boots	
3700	Welding Equipment and Supplies	

Declaration

The undersigned understands that accordance with California Assembly Bill 3678, effective January 1, 1987, that any person through its directors, officers, or agent that falsely represents a business as a women or minority business enterprise in an attempt to procure contracts is subject to fine or imprisonment.

The undersigned agrees to inform San Joaquin Delta Community College of any changes to the information contained herein, particularly changes in ownership, controlling interest or operations.

The undersigned does further certify that they shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, or because they are disabled, or veteran of the Vietnam era, and shall comply with all applicable provisions of state and federal requirements regarding equal employment opportunity, affirmative action reporting and compliance programs, utilization of minority business enterprises and subcontractor programs.

Date: _____

Print: _____

Sign: _____