

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  
Accounting and Financial Systems Division

**VENDOR INFORMATION/CERTIFICATION**

Vendor Information:	Financial Information:										
Name	Bank Name										
Business Name <i>(if different from above)</i>	City										
Address 1	State      Zip										
Address 2	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
City	Routing Number <i>(this nine digit number appears on your checks, but do not include individual check numbers)</i>										
State      Zip	Account Number										
Soc Sec/Federal ID #	Type of Account: <i>(select one)</i>										
DUNS #	<input type="checkbox"/> Checking <input type="checkbox"/> Savings										
Telephone Number:											

Type of Organization for 1099 reporting:

- |   |  |
|---|--|
| <input type="checkbox"/> sole proprietorship;<br><input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ;<br><input type="checkbox"/> health care provider;<br><input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | <input type="checkbox"/> partnership;<br><input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ;<br><input type="checkbox"/> other _____ |
|---|--|

**Certification**

Tax Payer Identification Number *(TIN number)*: \_\_\_\_\_

Under penalties of perjury, I certify that:

1. The number above is my correct taxpayer identification number (or I am waiting for a number to be 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 check box next to 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. 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.

**Definitions:**

"Taxpayer Identification (TIN)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\)](#) and [3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041](#) and [6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- ] The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ] The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement  
(purchase orders, contracts, etc.)**

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 Business
- ] Minority Owned Business (If yes, select one of the owner's race/ethnicity selections from below):
  - ] Asian-Pacific American     ] Black American     ] Subcontinent Asian (Asian-Indian)American
  - ] Hispanic American     ] Native American     ] Other than one of the preceding

Date: \_\_\_\_\_  
\_\_\_\_\_ *Vendor's signature*

**For Agency Use Only**

The vendor name and DUNS number is all that is required for registered Central Contractor Registration (CCR) vendors. (Check [www.ccr.gov](http://www.ccr.gov) for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply:  Addition     Change    Vendor Code: \_\_\_\_\_ *(make entry only if 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. For "AO" FAS4T Users only, e-mail the completed form to: [AOdb\\_OFB\\_Client\\_Service\\_Desk/DCA/AO/USCOURTS](mailto:AOdb_OFB_Client_Service_Desk@DCA/AO/USCOURTS)  
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.