



**SAN JOAQUIN DELTA COLLEGE
PURCHASING/STOCK CONTROL**

5151 Pacific Avenue

Stockton, CA 95207-6370

Phone: (209) 954-5065

FAX: (209) 954-3737

Web Page: deltacollege.edu/dept/purchasing

Dear Vendor

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 placed on the College's vendor list, the District is **requiring** all current and prospective vendors to complete and submit this "W-9/Vendor Information Form". Information collected on the form will help us comply with the Internal Revenue Code, Section 6109, which requires a vendor to have a Tax Identification Number on file, before an order or payment can be processed.

If the Vendor Information section is not returned completely filled out, including the Business Certification, the vendor will be listed as "Non-Responsive". The Vendor 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 Vendor'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/Vendor Information Form must be completed. Updated forms will replace existing forms.

Please return this form to San Joaquin Delta College, Purchasing/Stock Control, 5151 Pacific Avenue, Stockton, CA 95207-6370 or via fax to 209-954-3737 or email to: puassistant@deltacollege.edu

Sincerely,

Maria G. Bernardino

Maria G. Bernardino
Director of Purchasing

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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For General Instruction on Completing the W-9 Form please visit:
<http://www.irs.gov/pub/irs-pdf/fw9.pdf> or www.deltacollege.edu/dept/purchasing/vendors.html

Vendor Information

1. **Full Company Name** _____
2. **If this is a name change – Previous Name** _____
3. **Order Address** _____

Number/Street	City	State	Zip Code + 4
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4. **Remittance Address** _____
 (If different) _____ Name _____

Number/Street	City	State	Zip Code + 4
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5. **Who negotiates & signs for contractual obligations?**
 Name _____ Phone: (____) _____
 Title _____ Fax: (____) _____
 Address _____ E-Mail: _____
 Web site address _____

10. Prospective Vendor (add to mailing list) Yes No
 Current Vendor DV Contract PO

11. Do you collect California Sales Tax? Yes No

12. What are your payment terms? _____

13. Business Certification: Disabled, Disabled Veteran, Minority, Small Business, Veteran, Woman Ownership

A business enterprise that is at least 51 percent owned by a Disabled, Disabled Veteran, Minority, Small Business, Veteran, or Woman; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more Disabled, Disabled Veteran, Minority, Small Business, Veteran, or Woman; and whose management and daily business operations are controlled by one or more of those individuals.

Please check only one (1) box.

- | | | | | | |
|------------------------------------|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|
| a. Is firm Disabled Veteran owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | d. Is firm Woman owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is firm Disabled owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | e. Is firm Minority owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Is firm Veteran owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | f. Is firm Small Business owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: CONTROL means exercising the power to make policy decisions. OPERATE means being actively involved in the day to day management and not merely officers directors.

- g. Has firm been formally certified by federal or state agency, municipality or other organization Yes No
If yes, firm certified as Disabled Owned Minority Owned Disabled Veteran Business Owned
 Veteran Owned Women Owned Small Business Owned
- h. Name of certifying organization (please attach a copy of letter or certificate).

FAILURE TO COMPLETE THIS FORM, WILL RESULT IN THE VENDOR BEING LISTED AS "NON-RESPONSIVE" AND WILL NOT RECEIVE THE APPROPRIATE BUSINESS CERTIFICATION CREDIT.

DECLARATION

The undersigned declares that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations and ownership of:

(Name of Firm)

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 _____ 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.

EXECUTED AT _____ ON _____
City (State)

_____, 20____

By _____
Title _____