**UNIVERSITY OF NORTH CAROLINA – GENERAL ADMINSTRATION**

**VENDOR MASTER FILE RECORD DATA FORM**

**IRS INFORMATION:**

In order to comply with Internal Revenue Service (IRS) regulations, we are required to obtain your Social Security Number (SSN) or Federal Tax Identification Number (TIN/EIN) to satisfy IRS Form 1099 reporting requirements. Failure to provide this information may subject all payments made to you to the 31% backup withholding as required by the IRS.

Enter your TIN in the appropriate box below. For individuals, this is your SSN. For sole proprietors you must show your individual name, but you may also enter your business or ‘doing business as’ name. You may use either your SSN or EIN. For partnerships you must show the name filed first on the partnership papers. For other entities, it is your EIN.

The University of North Carolina – General Administration appreciates your concern and will keep your information safe and confidential.

|  |  |
| --- | --- |
| **SOCIAL SECURITY NUMBER** | **EMPLOYER ID NUMBER** |

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**CONTACT INFORMATION:**

|  |  |
| --- | --- |
| **REMIT TO:** | **ORDER FROM:** * **SAME AS REMIT TO:**
 |
| **Vendor Name:** | **Vendor Name:** |
| **Contact Name:** | **Contact Name:** |
| **Address 1:** | **Address 1:** |
| **Address 2:** | **Address 2:** |
| **City:**  | **State:**  | **Zip:** | **Zip:** | **State:** | **Zip:** |
| **Phone:**  | **Fax:** | **Phone:** | **Fax:**  |
| **E-Mail:** | **E-Mail:** |
| **Website:** | **Website:** |

**TYPE OF VENDOR:**

* Individual/Sole Proprietor
* Partnership
* Corporation
* Other / UNC-GA Employee

**HUB INFORMATION: (OWNERSHIP OF 51% OR GREATER BY THE FOLLOWING):**

* Minority
* Women
* Disabled
* N/A

**SIZE OF BUSINESS:**

* Small ( ≤ 500 employees)
* Large ( > 500 employees)

**ELECTRONIC PAYMENT INFORMATION: *\*When submitting completed form, please attach an imaged voided check.***

Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email for ACH remit advice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I CERTIFY THAT (1) I AM DULY AUTHORIZED TO COMPLETE THIS FORM; (2) THE LEGAL ORGANIZATION AND TAX IDENTIFICATION NUMBER SHOWN ON THIS FORM ARE CORRECT, AND (3) I AM NOT SUBJECT TO BACKUP WITHHOLDING. AN ORIGINAL SIGNATURE IS REQUIRED BY THE IRS.***

**SIGNATURE TITLE DATE**

Please return to: UNC General Administration, Accounting Services, P.O. Box 2688, Chapel Hill, NC 27515; FAX: (919)843-5180; new\_vendor@northcarolina.edu.