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| Substitute IRS form W9e **OFFICIAL USE ONLY** May be exempt from public release under the Freedom of Information  **Act (5 U.S.C. 552), exemption number and category:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BPA review required before public release **Name/Org:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| (07-2018) | | | REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION | | | | | | | | | | | | | | | | | | | | | |
| **STEP 1. Provide your complete name and Taxpayer Identification Number** *(Check ONE box only)* | | | | | | | | | | | | | | | | | | | | | | | | |
| **U.S. Tax Resident – Individual/Sole Proprietor** (Form 1099 reportable) | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are sole proprietor, name of owner of the business: | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number: | | | | |  | - |  | - |  | | | | or Employer Identification Number | | | | |  | - |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **U.S. Partnership or Trust** (Form 1099 reportable) | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | or Employer Identification Number | | | | |  | - |  | | | | |
| *(as on your tax return)* | | | | | | | | | | | | | | | | | | | | | | | | |
| **U.S. Limited Liability Company (LLC)** | | | | | | | | | | | | | | | | | | | | | | | | |
| LLC electing corporate status for U.S. tax purposes? **No Yes (If Yes, attach a copy of your IRS Form 8832.Entity Classification Election)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Single**-**member** LLC-member name as on your tax return: | | | | | | | | | | | | | | | | | | | | | | | | |
| LLC Name: | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number: | | | | |  | - |  | - |  | | | | or Employer Identification Number | | | | |  | - |  | | | | |
| **Multi-member** LLC-LLC name as on your tax return: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Employer Identification Number | | | | |  | - |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| U.S. Corporation C Corporation S Corporation | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | or Employer Identification Number | | | | |  | - |  | | | | |
| *(as on your tax return)* | | | | | | | | | | | | | | | | | | | | | | | | |
| **U.S. Tax-Exempt Organization or Federal, State, or Local Government Agency** (exempt from Form 1099 reporting) | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | or Employer Identification Number | | | | |  | - |  | | | | |
| *(as on your tax return)* | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP 2. Certification/Signature *(Complete the following)* Under penalties of perjury my signature certifies 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). 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 bas notified me that I am no longer subject to backup withholding. 3. I am a U.S. citizen or other U.S. person; 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 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, number 2 above 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. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name: | | | |  | | | | | | | Signature: | | | | |  | | | | | Date: | |  | |
| Phone: | | | | (**)** | | | | | |  | | Address: | | | | |  | | | | | | | |
| City: |  | | | | | | | | | | |  | | | State: | |  | | | | ZIP: |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Institution Information *(Required for Payment)*** | | | | | | | | | | | | | | | | | | | | | | | | |

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| For advance notification of scheduled ACH payments, please sign up at the US Treasury Internet Payment Platform (IPP) using the following Internet Web Address: <http://www.ipp.gov/> |

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| Answers to frequently asked questions: <http://www.ipp.gov/vendors/faq-vendors.htm> |

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| Bank Name ***(Required if ACH/EFT)*** |  | |  | **RETURN THIS FORM TO:** |
| Telephone Number ***(Required if ACH/EFT)*** |  | |  | Bonneville Power Administration |
| Nine Digit Transit Number ***(Required if ACH/EFT)*** |  | |  | PO Box 61409 |
| Depositor Account Number ***(Required if ACH/EFT)*** |  | |  | Vancouver, WA 98666-1409 |
| Payee Contact Person ***(Required ACH/EFT)*** |  | |  | ATTN: NSTS-4400-LL Vendor Maint. |
| Telephone Number ***(Required ACH/EFT)*** |  | |  | Phone: (360) 418-2800 |
| Please check if this is a P-Card Convenience Check and not ACH/EFT | | **Yes** |  | Fax: (360) 418-8904 |
| ***Privacy Act Statement: Section 6109 of the Internal Revenue Code requires you to provide your correct Tax Identification Number (TIN) to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information are listed in DOE-18. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.*** | | | | |

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| BPA F 4220.01ae *(07-2018)* | | U.S. DEPARTMENT OF ENERGY **BONNEVILLE POWER ADMINISTRATION** | | | | | | | | | | | | | | | | | | | | | | *Electronic Form Approved by Forms Mgmt. 07/09/2018* |
| NEW VENDOR PROFILE REQUEST | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Privacy Notice: Collection of this information is authorized by 16 USC § 832a(f). Furnishing your information is voluntary, however failure to provide it may result in the inability to contract with BPA. BPA employees and contractors will primarily use the information provided to administer contracts and process payments.*** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BPA Contact *(Name and Date)****(Required)*** | | | | | | | | | | | 2. Vendor Name *(Full legal name as appearing on IRS tax return or that of parent company)* ***(Required)*** | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| 3. Branch/Division Name *(If applicable)* | | | | | | | | | | | 4. DBA Vendor Name *(Name that business is done as, or commonly also known as) (If any such DBA exists)* | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| 5. Vendor Contact Person ***(Required)*** | | | | | | | | | | | 6. Address Line 1 *(Required if different from tax address submitted on first page, otherwise please enter “same as on W9 Form)* | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| 7. Address Line 2 *(If necessary)* | | | | | | | | | | | 8. Address Line 3 *(If necessary)* | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| 9. City | | | | | | | 10. State | | | 11. Postal Code | | | | | | | 12. Country | | | | | | | |
|  | | | | | | |  | | |  | | | | | | |  | | | | | | | |
| 13. Phone Number *(Must include area code)* ***(Required)*** | | | | | | | | | | | | | 14. Fax Number *(Must include area code)* | | | | | | | | | | | |
| **(****)****-** | | | | | | | | | | | | | **(     )     -** | | | | | | | | | | | |
| 15. Customer Account Number *(Account Number vendor has assigned to BPA)* | | | | | | | | | | | | | | | | 16. DUNS Number ***(Must be 9-digits)*** | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | |
| 17. Remit Address Line 1 *(If different from address submitted above)* | | | | | | | | 18. Remit Address Line 2 *(If necessary)* | | | | | | | | | | 19. Remit Address Line 3 *(If necessary)* | | | | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 20. Remit City | | | | | | | | | 21. Remit State | | | 22. Remit ZIP Code | | | | | | | 23. Remit Country | | | | | |
|  | | | | | | | | |  | | |  | | | | | | |  | | | | | |
| 24. Classification *(Please check the box next to the one that applies)* ***(Required)*** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | A–Attorney | |  | L–Land | | | | | | | | | | | |  | F–Federal | | |  | | R–Regular *(Supplier, etc.)* | | |
|  | G–Other Government | |  | S–Service Vendor *(In at least some aspect)* | | | | | | | | | | | |  | I–Invitational | | |  | | U–Utilities | | |
|  | X–Former Employee | |  |  | | | | | | | | | | | |  |  | | |  | |  | | |
| 25. Award Category *(Please check the box to the one that applies)* ***(Required)*** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | FG–Federal Government | | | |  | WO–Woman Owned Small Business | | | | | | | |  | LG–Large | | | | | |  | | OG–Other Government *(Non Federal)* | |
|  | NP–Non Profit | | | |  | SB–Small Business *(Non-Minority)* | | | | | | | |  | SD–Small Disadvantaged Business *(Minority)* | | | | | |  | | 8A–Section 8a Certified | |
|  | NA–Native American Owned Business | | | |  | DV–Service Disabled Veteran Owned | | | | | | | |  | HZ–HUB Zone | | | | | |  | |  | |
|  | VO–Veteran Owned Business | | | |  | TR–Tribe *(Tribal Government Entity)* | | | | | | | |  | FR–Foreign | | | | | |  | |  | |
| **Please Note: Both forms *(The Request for Taxpayer Identification Number and Certification, as well as the New Vendor Profile Request)* must be completed and returned in order to create your vendor profile. Please return both completed forms accordingly by mail or fax.** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **RETURN THIS FORM TO:** | | | | | | | | | | | | | | | |  | | | |
|  | | | | | Bonneville Power Administration | | | | | | | | | | | | | | | |  | | | |
|  | | | | | PO Box 61409 | | | | | | | | | | | | | | | |  | | | |
|  | | | | | Vancouver, WA 98666-1409 | | | | | | | | | | | | | | | |  | | | |
|  | | | | | ATTN: NSTS-4400-LL-Vendor Maint. | | | | | | | | | | | | | | | |  | | | |
|  | | | | | Phone: (360) 418-2800 | | | | | | | | | | | | | | | |  | | | |
|  | | | | | Fax: (360) 418-8904 | | | | | | | | | | | | | | | |  | | | |

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| Substitute IRS form W9e | |
| (07-2018) | REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION |

**What is FATCA reporting?**

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with “Not Applicable” (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan