Cherokee Nation Substitute W-9 Form

Request For Taxpayer Identification Number and Certification

NOTE: Your United States TAXPAYER IDENTIFICATION NUMBER MUST be provided regardless of your tax status. Name must be the same as that filed with the IRS or the Social Security administration as applicable. Failure to return this form in a timely manner will delay the order and/or payment. By Federal Law, the following information needs to be completed and returned to your procurement contact person at Cherokee Nation.

PRINT OR TYPE

LEGAL NAME
(As entered with IRS) If Sole Proprietorship, enter your LAST, FIRST, MI

TRADE NAME
If doing business as (D/B/A) or business name of Sole Proprietorship

Vendor Entity Type: (Select only one box)
- ☐ Individual/Sole Proprietor
- ☐ Partnership/Limited Liability company
- ☐ Non-Profit
- ☐ Corporation
- ☐ Government
- ☐ Other

PRIMARY ADDRESS (For return of 1099 Form)
PO Box or number and street

City, State, Zip + 4

Type of Business: (Select all if apply)
- ☐ Minority Owned
- ☐ Small Disadvantage (attach certificate if checked)
- ☐ Woman Owned (attach certificate if checked)
- ☐ TERO
- ☐ Other Business Enterprise

ORDER ADDRESS (Where order should be sent, if different than above)
PO Box or number and street

City, State, Zip + 4

Contact Name:
Contact Title:
Email Address:
Phone Number:
Fax Number:

REMIT ADDRESS (Where check should be sent, if different than above)
PO Box or number and street

City, State, Zip + 4

Contact Name:
Contact Title:
Email Address:
Phone Number:
Fax Number:

TAXPAYER IDENTIFICATION NUMBER (TIN) (Provide One Only)
If sole proprietorship provide FEIN if applicable

Social Security Number (SSN) ____ ____ ____ - ____ ____ - ____ ____ ____ ____

OR

Federal Employer Identification No. (FEIN) ____ ____ - ____ ____ ____ ____ ____ ____ ____

WHAT WILL YOU BE PROVIDING?

☐ Goods ☐ Services ☐ Both

Does any owner, sales/service representative, or employee, have a personal relationship with a CN employee (includes all tribal locations)?

☐ Yes (if yes, please attach a letter of explanation) ☐ No

Has your firm and/or is your firm involved in Federal debarment process?

☐ Yes (if yes, please attach a letter of explanation) ☐ No

CERTIFICATION

Under penalties of perjury, I declare that the information I provided is correct and complete

Signature _____ Phone (___)_____

Title _____ Date _____
Please Print

FOR CN USE ONLY

1099 ☐ Yes ☐ No

VEND ☐ Addition ☐ Change