



**CENTRAL
PIEDMONT
COMMUNITY
COLLEGE**

Procurement Services
P. O. Box 35009
Charlotte, NC 28235-5009
PHONE (704) 330-4466
FAX (704) 330-4455

VENDOR INFORMATION FORM

(Substitute W-9 Form)

Central Piedmont Community College is required by Federal Law to obtain taxpayer information and identification number from all individuals and companies receiving payment from the College. In the spaces below, please complete the required information and return via US Mail or Fax to Procurement Services.

VENDOR INFORMATION
 Contact Name: _____
 Business Name: _____
 Physical Address: _____
 City, State, and ZIP Code: _____
 Remit Address: _____
 City, State, and ZIP Code: _____
 Phone Number: Please include Area Code (____) - ____ - _____
 Fax Number: Please include Area Code (____) - ____ - _____

BUSINESS TYPE
 What is the major service of your company?
 Individual Sole Proprietorship Real Estate Foreign Individual Partnership
 Corporation Not-For-Profit Corporation Sub-Chapter Corporation Medical/Health Corporation Other (explain)
 Other: _____

TAXPAYER IDENTIFICATION NUMBER (TIN)
 For Individuals: _____
 Social Security Number (SSN)
 Note: Sole Proprietors may enter either the SSN or EIN number (name must match the TIN)
 Other Entities: _____
 Employer Identification Number (EIN)
 Note: Failure to furnish correct TIN number could result in penalties from the IRS. In addition, CPCC will not make any payments to any vendor who does not provide a correct TIN number.
 CERTIFICATION: Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.
 Signature: _____ Title: _____ Date: _____

VERY IMPORTANT INFORMATION! Is your company minority-owned? If so, please specify:

<input type="checkbox"/> Male-Owned (Caucasian)	<input type="checkbox"/> Male-Owned (African-American)	<input type="checkbox"/> Male-Owned (Hispanic)	<input type="checkbox"/> Male-Owned (Asian)	<input type="checkbox"/> Male-Owned (Native American)	<input type="checkbox"/> Male-Owned (Physically Challenged)
<input type="checkbox"/> Women-Owned (Caucasian)	<input type="checkbox"/> Women-Owned (African-American)	<input type="checkbox"/> Women-Owned (Hispanic)	<input type="checkbox"/> Women-Owned (Asian)	<input type="checkbox"/> Women-Owned (Native American)	<input type="checkbox"/> Women-Owned (Physically Challenged)

(Only applies to Contractors)
 As a contractor for CPCC, (company name) _____
 Will pay/be responsible for paying appropriate Sales Tax to the State of North Carolina.
 Signature: _____ Title: _____ Date: _____