

Cherokee Nation Substitute W-9 Form



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 Internal Revenue Service (IRS) or the Social Security Administration (SSA), as applicable. Failure to return this form in a timely manner will delay the order and/or payment. The following information needs to be completed and returned to your procurement contact person at Cherokee Nation.

PRINT OR TYPE – ALL FIELDS IN GRAY MUST BE COMPLETED

LEGAL NAME (As entered with IRS or SSA) 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) <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/> Limited Liability Company: Enter the tax classification (D=Disregarded entity, C=Corporation, P=Partnership) _____
PRIMARY ADDRESS (For return of 1099 Form, if applicable) PO Box or number and street City, State, Zip + 4	Minority Certification (Select all that apply and attach copy of certification) <input type="checkbox"/> Certified Indian Owned (Tribe) <input type="checkbox"/> Woman Owned <input type="checkbox"/> Certified Major Cherokee Employer <input type="checkbox"/> Other Minority Owned _____ <input type="checkbox"/> Small Disadvantage _____ <input type="checkbox"/> TERO Certified <input type="checkbox"/> None Apply
ORDER ADDRESS (Where order should be sent, if different than above) PO Box or number and street City, State, Zip + 4 Contact Name: _____ Email Address: _____ Contact Title: _____ 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: _____ Email Address: _____ Contact Title: _____ Phone Number: _____ Fax Number: _____	
TAXPAYER IDENTIFICATION NUMBER (TIN) If Sole Proprietorship, provide FEIN & SSN, if applicable: Federal Employer Identification No. (FEIN) _____ - _____ and/or Social Security Number (SSN) _____ - _____ - _____	NAICS/SIC Industry Code Code: _____ Industry Title: _____
WHAT WILL YOU BE PROVIDING? <input type="checkbox"/> Goods <input type="checkbox"/> Services <input type="checkbox"/> Both Does any owner, sales/service representative, or employee have a personal relationship with a CN employee (includes all tribal locations)? <input type="checkbox"/> Yes (if yes, please attach a letter of explanation) <input type="checkbox"/> No Has your firm and/or is your firm involved in Federal debarment process? <input type="checkbox"/> Yes (if yes, please attach a letter of explanation) <input type="checkbox"/> No	FOR CN USE ONLY 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No VEND <input type="checkbox"/> Addition <input type="checkbox"/> Change
CERTIFICATION: Under penalties of perjury, I declare that the information I provided is correct and complete: Signature _____ Phone (____) _____ Title _____ Date _____ Please Print	