

# VALENCIA

A BETTER PLACE TO START.

Thank you for visiting our website, and for your interest in doing business with Valencia Community College (VCC).

In order to create a Purchase Order or cut a check, we must first have you entered into our financial software. Please fill out our Supplier Business Profile and Substitute W-9 Form in order to comply with IRS requirements.

**Filling out this Profile does not guarantee you or your company, business. Please attend one of our monthly vendor business meetings for further details.**

Minority or Woman Owned Businesses should be at least 51% owned, controlled, and actively managed by a certified member. Please provide the appropriate certificates along with the attached forms.

To become certified with the State of Florida, contact the Office of Supplier Diversity at:

<http://mbaao.fdles.state.fl.us/>

Return completed and signed forms to:

Procurement Office  
PO Box 3028  
Orlando, FL 32802

Or

FAX: **407-582-1209**

Or:

E-mail: [Valenciaprocurement@valenciacc.edu](mailto:Valenciaprocurement@valenciacc.edu)

Any questions, please contact us via phone at 407-582-5532.

*Thank you!*  
*Procurement Staff*

# SUPPLIER BUSINESS PROFILE

The information below is required to enter any business or consultant to our supplier database.

(Please type or print clearly)

◆ <b>IDENTIFICATION</b> (as reported to the IRS) Company Name			
◆ Purchasing Address	City	State	ZIP
Alternate Purchasing Address	City	State	ZIP
◆ Remit to Address	City	State	ZIP
◆ Phone # (where PO is sent)	◆ Fax # (where PO is sent)		
◆ Phone # (billing inquiries)	◆ Fax # (billing inquiries)		
Contact Person/Title	E-mail Address		
◆ Company is: <input type="checkbox"/> Small Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> City, State <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership			
◆ Type of Service or Commodity			Commodity Code #:
◆ Federal Employer Identification No (9-digit) (FEIN)		OR	◆ Social Security Number (SSN)
◆ ACH Information (optional) ABA #	Account # (optional)	Account Name and Bank Name (optional)	
◆ <b>OWNERSHIP</b>			
Is the Company at least 51% owned, controlled, and actively managed by <input type="checkbox"/> Minority Person(s) <input type="checkbox"/> Woman/Women <input type="checkbox"/> Local Developing Business <input type="checkbox"/> Disabled Veteran Owned Business			
Is the Company currently certified as a MWBE with the State of Florida? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of your certification is required			
◆ If minority owned, check applicable box <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian American <input type="checkbox"/> Native American			
Valencia employee requesting vendor business profile: (required if purchase pending)			
Name: _____		Ext. _____	
Does your company accept credit cards? (Master Card)			
Signature of Person completing Profile:			

Updated 10/2008

RETURN COMPLETED FORM TO:

Valencia Community College  
Procurement Office

FAX #: **407-582-1209**

# Substitute Form W-9 Taxpayer Identification Number Request

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you, and because the payment is reportable on an information return to the IRS, you are required by law to provide your correct Social Security Number or Employer Identification Number to us. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Use this form only if you are a U.S. person (including U.S. resident alien).

If you are a foreign person, use the appropriate Form W-8. If you were a nonresident alien and have now become a resident alien, read the note below and attach a statement, if necessary.

### Note to U.S. Resident Aliens who formerly were Nonresident Aliens:

If there is a tax treaty between the U.S. and your country and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of this form AND attach a page showing:

1. The treaty country
2. The treaty article about the income
3. The article number for the "saving clause"
4. The type and amount of income that qualifies for the saving clause

- Instructions:**
1. Complete Part 1 by completing the one row of boxes that corresponds to your tax status.
  2. Complete Part 2 if you are exempt from Form 1099 reporting.
  3. Complete Part 3 by filling in all lines.
  4. Return this completed form to Valencia Community College, Procurement Department.

## Part 1 - Tax Status: (complete only one row of boxes)

**Individuals:**  
(Fill out this row.)

Individual Name: (First name, middle initial, last name) _____	Individual's Social Security Number _____
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A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

**Sole Proprietor**  
(or an LLC with one owner):  
(Fill out this row.)

Business Owner's Name: (REQUIRED) _____ (First name) (Middle Initial) _____ (Last name)	Business Owner's Social Security Number _____ Or Employer ID Number _____	Business or Trade Name (OPTIONAL) _____ _____
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**Partnership**  
(or an LLC with multiple owners):  
(Fill out this row.)

Name of Partnership: _____ _____	Partnership's Employer Identification Number _____ _____	Partnership's Name on IRS records (see IRS mailing label) _____ _____
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A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

**Corporation, or Tax-Exempt Entity:**  
(Fill out this row.)

Name of Corporation or Entity: _____ _____	Employer Identification Number _____ _____
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## Part 2 - Exemption: If exempt from reporting, check your qualifying exemption reason below:

- |  |  |   |  |  |
|--|--|---|--|--|
| <input type="checkbox"/> <b>Corporation</b><br>Note that there is no corporate exemption for medical and healthcare payments or payments for legal services. | <input type="checkbox"/> <b>Tax Exempt Entity under 501(a) (includes 501(c)(3), or IRA</b> | <input type="checkbox"/> <b>The United States or any of its agencies or instrumentalities</b> | <input type="checkbox"/> <b>A State, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies</b> | <input type="checkbox"/> <b>A foreign government or any of its political subdivisions or an international organization in which the United States participates under a treaty or Act of Congress</b> |
|--|--|---|--|--|

## Part 3 - Certification: I am a U.S. person (including a resident alien).

Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tax correspondence address: \_\_\_\_\_

*If address for payments is different, please list payment remit address below:*

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_