



**Champaign-Urbana Public Health District  
Vendor Questionnaire / Application**

**Return completed form to:**

Champaign-Urbana Public Health District  
Attention: Accounts Payable  
201 W. Kenyon Road,  
Champaign, IL 61821

**Section A: Vendor Information (Please complete and return form along with Form W9)**

Description of Request: New <input type="checkbox"/> Change <input type="checkbox"/>	ID Type: Taxpayer ID <input type="checkbox"/> Employee ID <input type="checkbox"/>	
Vendor Name:	Phone:	
Address:		
City:	State:	Zip Code:
Taxpayer ID or Employee ID Number:		

**Section B: Financial Institution Information (Only required for payment via ACH)**

Financial Institution Name:	Phone:	
Address:		
City:	State:	Zip Code:
Financial Institution Routing Number:	Account Number:	
Account: Type	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	

**Section C: Financial Institution Certification (Only required for payment via ACH)**

I certify that the above depositor routing number and account number to be true and accurate for the vendor shown in Section A. **(In lieu of this certification, attach a voided check, deposit slip or letter from bank)**

Printed Name and Title of Financial Institution Representative:	
Signature:	Date:

**Section D: Vendor Authorization**

Vendor hereby authorizes the Champaign-Urbana Public Health District to initiate credit entries to the financial institution and account named in Section B above, and to credit the same such account. Vendor acknowledges that the origination of ACH transactions to this account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the Champaign-Urbana Public Health District has received written notification from Vendor of its termination in such time and in such manner as to afford the Champaign-Urbana Public Health District and the Financial Institution a reasonable opportunity to respond to such a request.

Vendor hereby cancels this ACH authorization.  
Vendor does not want payment via ACH at this time.

Printed Name and Title of Vendor Representative:	
Signature:	Date:

**Section E: Company Status per IL P.A. 102-0265 (indicate all that apply)**

- Is business located and operated in Champaign County? If yes, please check the box.
- Union – Is business using union workers? If yes, please check the box.
- Minority-Owned Business - A business which is at least 51% owned by one or more minority persons, or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons; and the management and daily operations of which are controlled by one or more of the minority individuals who own it.
- Women-Owned Business - A business which is at least 51 % owned by one or more women, or in the case of a corporation, at least 51% of the stock in which is owned by one or more women; and the management and daily operations of which are controlled by one or more of the women who own it.
- Veteran-Owned Small Business - A small business (i) that is at least 51% owned by one or more qualified veterans living in Illinois or, in the case of a corporation, at least 51% of the stock of which is owned by one or more qualified veterans living in Illinois; (i i) that has its home office i n Illinois; and (i i i) for which items (i) and (i i) are factually verified annually by the Commission on Equality and Inclusion.
- Does Not Apply.

Printed Name and Title of Vendor Representative:

Signature:

Date:

By mail:  
Champaign-Urbana Public  
Health District  
201 W. Kenyon Road  
Champaign, Illinois 61821

By email:  
accountspayable@c-uphd.org

District Use:

Vendor: \_\_\_\_\_

Entered by: \_\_\_\_\_

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

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 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 has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 the 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, item 2 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. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.