



# 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

<b>LEGAL NAME</b> (As entered with IRS) If Sole Proprietorship, enter your LAST, FIRST, MI	
<b>TRADE NAME</b> If doing business as (D/B/A) or business name of Sole Proprietorship	<b>Vendor Entity Type: (Select only one box)</b> <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other <input type="checkbox"/> Limited Liability Company: Enter the tax classification (D=disregarded entity, C=corporation, P=partnership)
<b>PRIMARY ADDRESS</b> (For return of 1099 Form) PO Box or number and street  City, State, Zip + 4	<b>Minority Certification: (Select all if apply)</b> <input type="checkbox"/> Other Minority Owned (attach certificate if checked) <input type="checkbox"/> Veteran <input type="checkbox"/> Small Disadvantage (attach certificate if checked) <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Woman Owned (attach certificate if checked) <input type="checkbox"/> Cherokee Owned <input type="checkbox"/> Small Business <input type="checkbox"/> Indian Owned (Tribe): _____
<b>ORDER ADDRESS</b> (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:	
<b>REMIT ADDRESS</b> (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:	
<b>TAXPAYER IDENTIFICATION NUMBER (TIN)</b> (Provide One Only) If sole proprietorship provide SSN & FEIN if applicable  Social Security Number (SSN) _____ - _____ - _____ OR Federal Employer Identification No. (FEIN) _____ - _____	<b>NAICS/SIC Industry Code</b> Code: _____ Industry Title: _____
<b>WHAT WILL YOU BE PROVIDING?</b> <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	<b>FOR CN USE ONLY</b> <b>1099</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>VEND</b> <input type="checkbox"/> Addition <input type="checkbox"/> Change
<b>CERTIFICATION:</b> Under penalties of perjury, I declare that the information I provided is correct and complete  <b>Signature</b> _____ <b>Phone</b> (____) _____  <b>Title</b> _____ <b>Date</b> _____ <p style="text-align: center;">Please Print</p>	