



Vendor Registration

FOR U.S. CITIZEN & U.S. COMPANY VENDORS ONLY
DO NOT USE THIS FORM FOR NON-U.S. VENDORS

1. Enter the Name as shown on Line 1 of the vendor's W-9

2. Enter the Business Name/disregarded entity name as shown on Line 2 of the vendor's W-9.
If Line 2 of the W-9 is blank, re-enter the Name from Line 1. This is the vendor name that will print on the check.

	Last Name	First Name	MI
Individual	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR			
Business/Trade Name	<input type="text"/>		

3. Enter the Vendor's Address. Only a U.S. addresses is allowed.

Department/Office (May be left blank)	Address (Number, Street, and Apt/Suite/Room No.)	
<input type="text"/>	<input type="text"/>	
City	State	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>

4. SELECT ONE BOX BELOW

ATTACH THE W-9 FORM AS A FILE ATTACHMENT BELOW:
If individual Vendor, WH-1 FORM can substitute.

OR a W-9 is not required because the Vendor is:

Federal; United States government or any of its agencies or instrumentalities.

State, including District of Columbia, government or any of its agencies.
IF YOU CLICKED ON FEDERAL OR STATE ABOVE, GO TO #8

RCUH Employee

University of Hawaii (UH) Employee
IF YOU CLICKED RCUH OR UH EMPLOYEE BOX ABOVE, GO TO #7

EXEMPT PAYEE Check this box only if the vendor marked itself Exempt on the W-9. Ask the vendor to provide their IRS tax exemption letter. The W-9 must be signed and dated.

5. SELECT THE FEDERAL TAX CLASSIFICATION:

Individual/Sole Proprietor or Single-Member LLC

Individual/Sole Proprietor - UH Student or RCUH Student Employee

Corporation

S Corporation

Partnership

Trust/Estate

LLC - C Corporation

LLC - S Corporation

LLC - Partnership

Other

File Attachments:

Comments

NOTE: Please use the "Update File Attachments" button to save this field. Clicking the "Save" button below will not save this field.

6. Enter the Taxpayer's Identification Number (TIN) from Part 1 of the W-9 form:

Social Security Number (SSN)	Employer's Identification Number (EIN)	UH Employee Number	RCUH Employee Number
<input type="text"/> - <input type="text"/> - <input type="text"/>	OR <input type="text"/> - <input type="text"/>	<input type="text"/>	OR <input type="text"/>

7. Enter the UH or RCUH Employee Number:

8. CERTIFICATION:

I CERTIFY THAT THIS VENDOR RECORD IS FOR A U.S. CITIZEN OR FOR A U.S. DOMESTIC ENTITY.
IF A W-9 IS NOT ATTACHED, THE VENDOR MEETS ONE OF THE EXCEPTIONS LISTED IN BOX 4 ABOVE.

9. This form was completed by:

Name	Phone Number (nnn-xxxx)	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Fiscal Administrator	Your Fiscal Administrator's Email Address	
<input type="text"/>	<input type="text"/>	