

Vendor Master Form for K-12 Disabilities Grant Parents

North Carolina State Education Assistance Authority (NCSEAA)

In order to comply with the Internal Revenue Service (IRS), we are required to gather information for each entity to whom UNC GA (UNC GA processes payments on behalf of NCSEAA) makes a payment. Failure to provide this info may result in payments subject to 28% backup withholding and penalties by the IRS.

This form is for U.S. persons/entities only. If you are a foreign person/entity, complete IRS Form W-8BEN/W-8BEN-E.

Vendor (Parent) Name: _____ *(as shown on your tax return)*

dba if applicable: N/A _____ *(if different from above)*

SSN/TIN/EIN: _____

W-9 Designation (Check one - should match signed W-9 form)	GA Designation (For UNCGA Dept Contact)
<input checked="" type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Single Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Non-Profit	<input type="checkbox"/> BOG <input type="checkbox"/> Former BOG <input type="checkbox"/> ASG Officer <input type="checkbox"/> ASG Liaison <input type="checkbox"/> BOG Teach Award <input type="checkbox"/> O' Max Award <input type="checkbox"/> AA External Reviewer <input type="checkbox"/> UNCTV Contractor <input checked="" type="checkbox"/> SEAA Scholarship <input type="checkbox"/> SEAA BOD <input type="checkbox"/> TV Rents <input type="checkbox"/> Staff Assembly <input type="checkbox"/> Faculty Assembly <input type="checkbox"/> MDG Stipend <input type="checkbox"/> JBR <input type="checkbox"/> New Teach
<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC taxed as C Corp <input type="checkbox"/> LLC taxed as S Corp <input type="checkbox"/> LLC Taxed as Partnership <input type="checkbox"/> Other: _____	

Scope of Work (select all that apply):

<input type="checkbox"/> Services - explain: _____ <input type="checkbox"/> Award, Honorarium, Prize or Stipend <input type="checkbox"/> Attorney, or for Legal Settlements <input type="checkbox"/> Rental Payments <input type="checkbox"/> ONLY Travel/Expense Reimbursement <input checked="" type="checkbox"/> Other - explain <u>NCSEAA Parent Reimbursement</u>	<input type="checkbox"/> SEAA Scholarship <input type="checkbox"/> SEAA BOD <input type="checkbox"/> TV Rents <input type="checkbox"/> Staff Assembly <input type="checkbox"/> Faculty Assembly <input type="checkbox"/> MDG Stipend <input type="checkbox"/> JBR <input type="checkbox"/> New Teach
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***ALL VENDORS MUST ANSWER ALL SECTIONS BELOW:**

No Are you a non-state resident business entity/individual (this applies to all W-9 designations above)? *(NOT based in North Carolina)*

Yes is the work being performed in North Carolina?

No Is your work in connection to a performance, an entertainment or athletic event, a speech or creation of a film, radio or television program? *(if yes, circle applicable one)*

No Are you a licensed member of clergy, a nonresident entity with NCDOR exemption *(must provide documentation)*, a corporation or LLC with North Carolina Secretary of State Certificate of Authority and identification number *(must provide documentation)* or an exempt organization under G.S. 105-130.11?

If answer to questions 1-3 is YES and question 4 is NO, 4% of all applicable payments will be withheld over \$1500 total (per calendar year).

HUB INFORMATION (Historically Underutilized Business):

<p>Type of Business: N/A</p> <input type="checkbox"/> Disabled <input type="checkbox"/> Emerging Small <input type="checkbox"/> Non-Profit <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Veteran <input type="checkbox"/> Women-Owned <input type="checkbox"/> Other - _____	<p>Ethnicity: N/A</p> <input type="checkbox"/> African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Native-American <input type="checkbox"/> Non-Applicable	<p>Other Comments if needed:</p> <div style="background-color: #e0f0ff; padding: 5px; border: 1px solid #ccc;"> <p>All questions in the HUB Information section are N/A for K-12 Parents.</p> </div>
<p>Size of Business: N/A</p> <input type="checkbox"/> Small - _____ # of employees <input type="checkbox"/> Large - _____ # of employees		

ADDRESS (If Different from W-9):

Address 1: _____

Address 2: _____

City, State, Zip Code: _____

Phone: _____ **Fax:** _____

Contact Name: _____

E-Mail: _____

Website: _____

CERTIFICATION (Signature, not typed name, is required):

Under penalties of perjury, I certify that (1) the number shown above is my correct taxpayer identification number, (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding; (3) I am a U.S. person (including a U.S. Resident Alien); and (4) the information provided is complete and accurate as of this date.

Signature: _____ **Date:** _____

Printed Name: _____

Disabilities Grant Electronic Payment Authorization Form

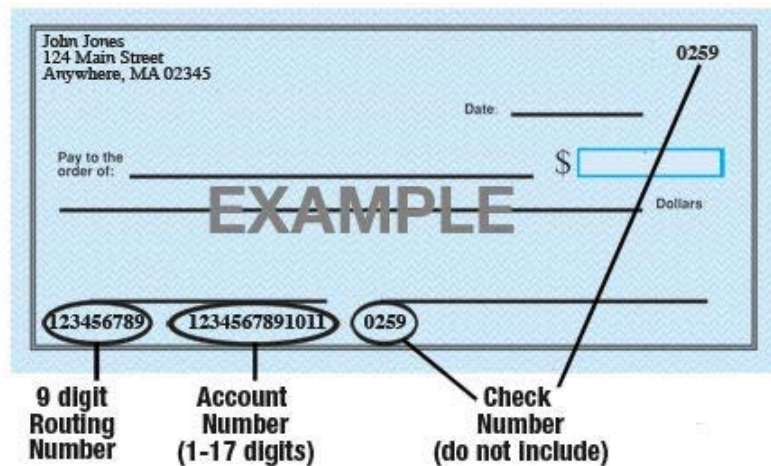
Complete ALL information below. Sign. Submit with a voided check and [IRS Form W-9](#) (Request for Taxpayer Identification Number and Certification). Upload via your student's Disabilities Grant Student Portal.

Parent Name: _____

Student Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings (check one)

Please notify us if you change banks or close this account.

With this form, submit a voided check for the bank account to which funds should be deposited. If you do not have checks for this account, ask your bank to create a letter for you to submit. The letter should list your account and routing numbers.

IRS INFORMATION

In order to comply with the Internal Revenue Service (IRS) regulations, we are required to obtain your Social Security number on IRS Form W-9 to satisfy IRS Form 1099 reporting requirements. Failure to provide this information via the W-9 will prevent a reimbursement from being made.

The North Carolina State Education Assistance Authority (NCSEAA) is hereby authorized to directly deposit my reimbursement to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: _____ **Date:** _____