



UNC System Office
Supplier Master Form

Revised 5/05/2022

The following information is required for any entity doing business with the UNC System Office. Please complete all sections. Payments could be subject to 28% backup withholding and penalties by the IRS if all information is not provided. ALL SUPPLIER PAYMENTS WILL BE MADE ELECTRONICALLY. SEE INSTRUCTION SHEET FOR MORE INFORMATION - LINK IS LISTED BELOW.

Supplier Name:
dba if applicable:
SSN/TIN/EIN:

W-9 Designation (Check one - should match the signed W-9 form)
Individual/Sole Proprietor
Single Membership LLC
Partnership
Trust/Estate
Non-Profit
C Corp
S Corp
LLC taxes as C Corp
LLC taxed as S Corp
LLC Taxed as Partnership
Other

Scope of Work (select all that apply)
Services explain:
Award, Honorarium, Prize or Stipend
Attorney services or for legal settlements
Rental Payments
Only travel/expense reimbursement (no compensation)
Other explain:

Verification of Foreign Status (answer all questions)
(check one in each column)
Are you a foreign entity/company?
Do you report your IRS designation using:
Will you issue an invoice from a foreign address?
Will payment be made to a foreign address or be paid via international wire?

ALL SUPPLIERS MUST ANSWER YES OR NO TO THE FOLLOWING QUESTIONS
Are you a non-state resident business entity/individual (not based in NC)?
Is the work or are the services being performed in NC?
Is your work or are the services in connection with:
Are you a: 1) licensed member of the clergy, a nonresident entity with NC Dept. of Revenue exemption (requires documentation); 2) an LLC with NC Secretary of State Certificate of Authority and id number (requires documentation); or 3) an exempt organization under NC G.S. 105-130.11?
If yes to questions 1-3 and no to question 4, 4% of all applicable payments over \$1,500, cumulative in a calendar year, will be withheld

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.
Date:
Signature:
Printed Name:

Click link below for Instructions on how to complete form:

https://www.northcarolina.edu/wp-content/uploads/reports-and-documents/finance-documents/4-27-22-supplier-master-form-instructions.pdf



**SUPPLIER COORDINATOR**  
(919) 962-3355

**HISTORICALLY UNDERUTILIZED BUSINESS FORM (HUB Form)**

Suppliers must complete a W-9 form, the Supplier Master Form (SMF), and return with this form to the requesting department at the UNC System Office.

IRS INFORMATION: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

CONTACT INFORMATION:

REMIT TO:	ORDER FROM: <input type="checkbox"/> SAME AS REMIT TO
Vendor Name:	Vendor Name:
Contact Name:	Contact Name:
Address 1:	Address 1:
Address 2:	Address 2:
City:                      State:                      Zip:	City:                      State:                      Zip:
Phone:	Phone:
E-mail:	E-mail:
Website:	Website:

NC HUB Certified:  No  Yes (Attach Email/letter from NC HUB Office) for more information, visit: <http://www.doa.nc.gov/hub>

- Female       Socially and Economically Disadvantaged       Disabled Owned
- African American       Hispanic American       Asian American       American Indian
- Disabled Business Enterprise       Non-Profit Work Center

SIZE OF BUSINESS:  Small \_\_\_\_\_ # of employees       Large \_\_\_\_\_ # of Employees

To Determine if business is small or large, visit SBA site:

<https://www.sba.gov/document/support--table-size-standards>

I CERTIFY THAT (1) I AM DULY AUTHORIZED TO COMPLETE THIS FORM; (2) THE LEGAL ORGANIZATION SHOWN ON THIS FORM IS CORRECT, AND (3) I am not on the Federal Debarred Vendor list <https://www.sam.gov/portal/SAM/#1#1> or the NC Debarred Vendor list <https://ncadmin.nc.gov/government-agencies/procurement/contracts/debarred-vendors>

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SIGNATURE

TITLE

DATE

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PRINT NAME