



Audubon

SUBSTITUTE W-9 AND VENDOR INFORMATION FORM

New Vendor

Changes to Existing Vendor

NAME (as registered with the IRS):

TRADE NAME/DBA:

PRIMARY ADDRESS (number, street, and apt or suite no):

CITY, STATE, and ZIP CODE:

TAX CLASSIFICATION (check only one)

Individual/Sole Proprietor

Trust/Estate

Non Profit/501(c) Entity

Government Entity

LLC - Tax Classification (C=C Corporation, S=S Corporation, P=Partnership):

Other _____

EXEMPTIONS

Exempt Payee Code (if any) _____

Exemption from FATCA Reporting

Code (if any) _____

TAXPAYER IDENTIFICATION NUMBER (TIN):

Social Security Number

Employer Identification Number

DUNS NUMBER:

_____ - _____ - _____ OR _____ - _____

CERTIFICATION

Under penalties of perjury, I certify that:

1. 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
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 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
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. The Internal Revenue Service does not require your consent to any provision on this document other than the certifications required to avoid backup withholding.

SIGNATURE:

DATE:

BUSINESS CLASSIFICATION/DIVERSITY QUESTIONNAIRE

Please provide information on how your business is classified or certified. If not formally certified, select how you would represent your business. (check all that apply)

Minority Business Enterprise/MBE
 (please choose one sub-classification at right)
At least 51% owned by one or more African-Americans, Hispanics, Native Americans, Asian Pacific Americans, Asian Indian Americans, and other groups as defined by Federal law

Hispanic-American
 Asian-American
 African-American
 Native American
 Other (explain):

Women-Owned Business Enterprise/WBE
At least 51% owned by one or more women

Disadvantaged Business Enterprise/DBE
At least 51% owned by at least one differently-abled, socially, or economically disadvantaged individual.

Veteran Owned Business/VOB
At least 51% owned and operated by a service veteran

Disadvantaged Veteran Owned Business/DVOB
At least 51% owned and operated by a service veteran with a service-related disability of at least 10 percent.

LGBTQ

White/Caucasian

Other (Explain):

None of the Above/Choose not to report

Certified. Provide certifying agency(ies):

PAYMENT METHOD

Preferred Method of Payment (Choose one)

ACH/Direct Deposit

Visa Credit Card

Check

Provide account information:

Name on Account

Bank Name

(include branch name if applicable)

Bank Account Number

ACH Routing Number (9 digits)

Account Type

checking

savings

Attach a voided check or Bank Verification letter to confirm account information

I certify that I am the vendor or an authorized representative thereof. If ACH/Direct Deposit is chosen above, I hereby authorize Audubon to direct payment of any invoice into the above designated account. If at any time the amount of payment deposited exceeds the amount of payment actually due, I hereby authorize Audubon at its discretion to withhold a sum equal to the overpayment from future payments or recover such overpayment from the account. If any action taken by me or representative of vendor results in non-acceptance of a direct payment by the designated financial institution, I understand that Audubon assumes no responsibility for processing a replacement payment until the amount of the non-accepted deposit is returned to Audubon.

I am responsible for notifying Audubon's Controller's Department at (212) 979-3171 immediately if I close or otherwise change my account information. All changes to account information must be confirmed by providing a new completed Substitute W-9 and Vendor information form and will be verified by phone.

Signature _____

Date: _____

Print Name _____

Phone Number _____

Email _____