



Foothill-De Anza Community College District

12345 El Monte Road, Los Altos Hills, CA 94022

Vendor Information Form

FHDA CCD is in the process of converting to a new financial accounting system. As part of this transition Vendor information will not be automatically imported to the new system. Therefore, we require current information on all our vendors doing business with us.

Visit us on line at: <http://business.fhda.edu/accounting/forms> to download a fillable form, or complete the information below and Mail or Fax back the completed form to:

Foothill-De Anza Community College District – Accounts Payable Department

12345 El Monte Road, Los Altos Hills, CA 94022

Fax Number (650) 941-1638

VENDOR INSTRUCTIONS: You must provide a Social Security Number (SSN) or a Federal Employer Identification Number (FEIN) in order for FHDA CCD to process your payments(S)

W-9 Taxpayer Identification Number Request

(PLEASE PRINT CLEARLY)

Name: _____

(Name that is used on your Federal Tax Return. If you are the Sole Proprietor of a business, the personal name of the business is required)

Company or Business Name, if different from above: _____

Enter your TIN in the appropriate box. For individuals, this is social security number (SSN). For other entities, this is your employer identification Number (EIN).

Social Security Number

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Employer Identification Number

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If Company named above is subsidiary, list parent name here: _____

- If you use a SSN, the IRS requires that you include the name of the individual whose SSN has been entered.
- The IRS requires us to report 1099 information. This includes non-profit organizations and government agencies. List your Taxpayer Identification Number (as recorded with the IRS). Please note this form does not require that you list your tax exempt number or state identification number.
- Sole Proprietors: Must enter your individual name (as shown on your Social Security card) on the Individual Name line. You may enter your business or “doing business as” name on the Business Name line. For the Taxpayer Identification Number, enter either your Social Security Number or the Federal Employer Identification Number of the business (sole Proprietorship).
- Business Name: Enter the name of the entity as it is listed with the IRS on the Form SS-4, Application for Employer Identification Number. This name should be consistent with the name used on your tax returns.

Corporation Inc. ☐	Partnership ☐	Individual ☐	Other (specify) ☐
Limited Liability Co. ☐	Government ☐	Sole Proprietor ☐	Non Profit (attach letter) ☐

Signature: _____

Date: _____

*I Certify that I have carefully examined this form and I have determined that to the best of my knowledge and belief, the information provided is complete and accurate.

A SIGNED AND COMPLETED FORM IS REQUIRED TO BE SET UP AS A VENDOR

Please see side two for address information request

(PLEASE PRINT CLEARLY)

Business Address or Corporate Headquarters:

Address Line 1:			
Address Line 2:			
Address Line 3:			
City:			
State:			
Zip Code:			
Area Code:	Phone:	Ext:	
Fax: Area	Phone:	Ext:	
Contact Name:			
E-mail Address:			
Phone:			
Fax:			

Payment Remit To Address:

Address Line 1:			
Address Line 2:			
Address Line 3:			
City:			
State:			
Zip Code:			
Area Code:	Phone:	Ext:	
Fax: Area	Phone:	Ext:	
Contact Name:			
E-mail Address:			
Phone:			
Fax:			