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Sandia National Laboratories

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Supplier #

Legal Name: Address: City, State, Zip:

Are you Registered in PRO-Net1 ("For Profit" Small Business entities only)? Yes No

Failure to accurately complete the information below may result in not being included in future Sandia Procurements

A. For Profit United States Entities (Check ALL applicable blocks.) If not applicable, go to Section C - Non-Profit Organizations.

- Must choose one A Corporation incorporated under the laws of the State of A Joint Venture A Partnership Limited Liability Company Individual Consultant or Sole Proprietor

- 1. Business Size: Large Business Small Business per Section 3 of the Small Business Act (15 USC 632)2
2. Small Business categories: A Small Business concern that is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged. A Small Business concern that is at least 51 percent owned by one or more individuals who are both socially and economically disadvantaged and is certified by the Small Business Administration (SBA). Please attach Certification Letter sent to you by SBA3. A Small Business concern certified as an 8(a) Contractor by SBA. Please attach Certification Letter sent to you by SBA3. A Women-Owned Business which is at least 51 percent owned, controlled and operated by a woman or women. A Small Business concern certified as a HUBZone business by SBA. Please attach Certification Letter sent to you by SBA3. A Veteran-Owned Small Business. A Small Business concern that is at least 51 percent owned by one or more veterans (as defined in 38 USC 101(2)), or in the case of any publicly-owned business, at least 51 percent of the stock is owned by one or more veterans. Service Disabled Veteran-Owned Small Business. A Small Business concern that is at least 51 percent owned by one or more service disabled veterans (as defined in 38 USC 101(16)), or in the case of any publicly-owned business, at least 51 percent of the stock is owned by one or more service disabled veterans. If minority owned, please check one of the following (optional): Alaskan Native Hispanic American Native Hawaiian Asian Pacific American Native American Subcontinent Asian American Black American

NOTICE: Under 15 U.S.C. 645(d), any person who misrepresents a firm's status as a small, HUBZone small, small disadvantaged, or women-owned small business concern in order to obtain a contract to be awarded under the preference programs established pursuant to Section 8(a), 8(d), 9, or 15 of the Small Business Act or any other provision of Federal law that specifically references Section 8(d) for a definition of program eligibility, shall be:

- (i) punished by imposition of fine, imprisonment, or both;
(ii) subject to administrative remedies, including suspension and debarment; and
(iii) ineligible for participation in programs conducted under the authority of the Act.

B. Foreign Entities

A Foreign Entity operating as:

- A corporation 51 percent owned by a US citizen registered for business in (Country)
A corporation, registered for business in (Country)
A foreign entity incorporated under the laws of the U.S.

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C. **Non-Profit Organizations**

- 3.  Educational Institution (Check any that apply):
  - Hispanic American Colleges and Universities (20 percent Hispanic American students)
  - Historically Black Colleges and Universities (20 percent Black students)
  - Native American Colleges and Universities (20 percent Native American students)
  - Educational Institution - Federally Funded Research and Development Center (FFRDC)
- 4.  Not for Profit Institution (Non-Educational)
- 5.  Federal Government Agency
- 6.  Other Government:       Local       State, or       Tribal

Substitute W-9 (Request for Taxpayer Identification Number):

The Tax Elderly and Fiscal Responsibility Act of 1982 and the back-up withholding regulations of 1983 require us to have a *Social Security Number (SSN) or Employer Identification Number (EIN)* on file for all vendors. The IRS requires us to withhold the percent established by law of the payment made to you if you do not provide the information to us. Also, the IRS could impose penalties upon you for failing to supply your identification number to a requesting payer.

a. Taxpayer Identification Number (TIN) and name. (Please type or print legibly.)

\_\_\_\_\_  
Employer Identification Number

\_\_\_\_\_  
Legal Name the EIN is issued to

or

\_\_\_\_\_  
Social Security Number (Individuals & Sole Proprietors)

\_\_\_\_\_  
Legal Name the SSN is issued to

b. Organization Type: (Check one only)

- |   |   |
|---|---|
| <input type="checkbox"/> Other Corporation:   | <input type="checkbox"/> Individual/Sole Proprietorship |
| <input type="checkbox"/> Medical Corporation  | <input type="checkbox"/> Partnership                    |
| <input type="checkbox"/> Attorney or Law Firm | <input type="checkbox"/> Foreign                        |
| <input type="checkbox"/> Government Agency    | <input type="checkbox"/> Non-resident alien             |
| <input type="checkbox"/> Other _____          |   |

c. Are you exempt from backup withholding?  Yes  No

d. Supplier Information:

Tax Reporting Address (if different than the address on Page 1)

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**NM State ID#:** \_\_\_\_\_

(For suppliers located in the state of New Mexico)

Contractor agrees that if any changes occur in its organization that would affect any information submitted, Sandia Contracting Representative will be notified in writing of the changes as soon as possible.

Certification Under penalties of perjury, I certify that:

- a. The number shown on this form is my correct taxpayer identification number **and**
- b. I am not subject to backup withholding because: 1) I am exempt from backup withholding, or 2) 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 3) The IRS has notified me that I am no longer subject to backup withholding, **and**
- c. I am a U.S. person (including a U.S. resident alien).
- d. All information on this form is accurate and complete.

You must cross out item **b** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

\_\_\_\_\_  
Signature of U.S. Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**Please return completed form to:**

Sandia National Laboratories  
Supplier Data Management MS 0153  
P.O. Box 5800  
Albuquerque, NM 87185-0153  
Or Fax to (505) 844-6504

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<sup>1</sup> To find out more about PRO-Net, go to <http://pro-net.sba.gov/pro-net/search.html>

<sup>2</sup> To find out if you qualify as a Small Business per Section 3 of the Small Business Act (15 USC 632), go to <http://www.sba.gov/size/indexsize.html>

<sup>3</sup> SBA Certification Letter must accompany this form in order to be considered as an 8a, Small Disadvantaged Certified, or HUBZone category.