

**Georgia Institute of Technology
Vendor Profile Form
For US Persons/Entites/ Companies**

VENDOR # _____
TIN MATCH DATE _____

For assistance with completion of this form, please contact ap.ask@business.gatech.edu or call 404-894-5000
Non-US resident aliens and non-US companies/organizations DO NOT complete this form. Submit IRS W-8 Form.

SECTION A: COMPLETE PARTS 1- 4 FOR ALL INDIVIDUALS & VENDORS

Part A-1 Tax Identification

Individuals

Individual Name (First Name Last Name) _____

Individual Social Security Number _____

Sole Proprietor

Business Owner's Name _____

Business Owner's Social Security Number or Employer ID Number _____

Business or Trade Name (DBA) _____

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner

Partnership

Name of Partnership _____

Partnership's Employer ID Number _____

Partnership's Name on IRS records _____

Corporation or Tax Exempt Entity

Name of Corporation or Charity _____

Employer ID Number _____

Part A-2 Exemption: If exempt from Form 1099misc reporting , check your qualifying exemption reason below

Corporation

Note that there is no corporate exception for medical and healthcare payments or payments for legal services.

Tax Exempt Entity

under 501(a) (includes 501 (c) (3)), or IRA

A State, the District of Columbia

a possession of the United States, or any of their political subdivisions or agencies

The United States

or any of its agencies or instrumentalities

A foreign government or

an international organization in which the U.S. participates under a treaty or Act of Congress

Part A-3 Certification / Signature:

- I am a U.S. person (including a U.S. resident alien)
- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- 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 or (c) the IRS has notified me that I am not subject to backup withholding.

Signature: _____

Date: _____

Printed Name: _____

Remit Address: _____

City : _____ State: _____

Zip: _____

Phone: _____ Fax: _____

If address for Purchase Orders is different, provide address:

Part A-4 Types of Payments that Georgia Tech will make to this individual/company

SECTION A

- Awards/Prizes (03)
- Fellowship/Training Stipend (03)
- Registration (07)
- Reimbursable expense for non-employee compensation

SECTION A, B

- Attorney (07)
- Goods/Supplies/Utility
- Health/Medical Provider (06)
- Rents (01)
- Royalties (02)

SECTION A, B, C

- Honorarium (07)
- Options/Short Course Instructor (07)
- Repairs/Maintenance (07)
- Service(Consultant/Freelancer/Temp/ Research Service, Catering, Printing)(7)

GEORGIA TECH VENDOR PROFILE FORM FOR US PERSONS / ENTITIES

SECTION B: COMPLETE FOR COMPANIES / INDIVIDUALS PROVIDING SERVICES / GOODS

(Do not complete for expense reimbursement, registrations, training, stipends, royalties, awards/prizes)

Part B-1 Ownership and/or SBA Category

- Large Business, Historically Black College, Government/Non Profit, Minority Designated University, Private University, Public University, Women Owned, Small Business, 8(a) Certified, DBE Certified, SBA Certified, Disadvantaged - SBA Certified, Hub Zone - SBA Certified, Veteran - SBA Certified, Service Disabled Veteran - SBA Certified, Viet Nam Veteran - SBA Certified, African American, Asian American, Hispanic/Latino, Native American, Pacific Islander

*Any person who misrepresents a firm's size status in order to obtain a contract to be awarded under the preference program will be held accountable per FAR clause 52.219-1(d)(2)(i) thru (iii).

Part B-2 Types of Products sold/manufactured

Description:
NIGP Code:
Email Address:
Website:

Part B-3 Employment Affiliation

Is a substantial interest in the company held by a GA Tech employee or an immediate family member of a Georgia Tech employee? YES NO Details:

Is a substantial interest in the company held by a State of Georgia employee or an immediate family member of a State of Georgia employee? YES NO Details:

Individual / Sole Proprietor

If prospective vendor is an individual or a sole proprietor you must answer the following questions:

- Current Georgia Tech Employee? YES NO If yes, not eligible for consulting /service payment
Former Georgia Tech Employee? YES NO If yes, provide title and dates below
Immediate family member of Georgia Tech Employee? YES NO If yes, provide relationship and department below
State of Georgia Employee? YES NO If yes, complete State of GA Approval Form
Retired from University System of GA drawing benefits? YES NO If yes, must be have BOR approval

Part B-4

Sales and Use Tax Number (Georgia Certificate of Registration Number)

GEORGIA TECH VENDOR PROFILE FORM FOR US PERSONS / ENTITIES

SECTION C: COMPLETE FOR INDIVIDUALS / SOLE PROPRIETORS PROVIDING SERVICES

Part C-1 Scope of Work (including name of GT employee or department sponsoring work)

Part C-2 Employee / Independent Contractor Classification Checklist

The information provided below will assist the Institute in determining whether an individual performing SERVICES will be classified for federal, state and FICA tax purposes as an employee of the Institute or as an independent contractor.

The service provider must complete all of the following questions, sign and submit with the first 2 pages of the Vendor Profile Form.

Financial Control Issues

Do you anticipate that you will receive over 50% of your income this year from the Institute? [] YES [] NO
Do you make your services available to the general public? [] YES [] NO
Please provide additional client names _____
Are your services promoted in trade publications or business directories? [] YES [] NO
Please provide name(s) of publication(s) _____
Are your services promoted via the web? [] YES [] NO
Web site: _____
Do you classify yourself as an Independent Contractor, rather than an employee? [] YES [] NO
What expenses will be incurred by you in the performance of services for Georgia Tech?
[] Travel Expenses [] Training [] Supplies, materials, equipment

Behavioral Control Issues

Will the Institute set the number of hours and/or days of week that you will be required to work? [] YES [] NO
Will the work be performed on Georgia Tech's premises? [] YES [] NO
Who determines the methods by which assignments are performed? _____

Relationship of the Worker and Georgia Tech

Have you previously worked at the Institute as an employee performing a similar service? [] YES [] NO
If yes, provide title and dates of service _____
Is it expected that GT will hire you as an employee immediately following the end of this agreement? [] YES [] NO
Do you have proof of professional liability insurance? [] YES [] NO
Carrier and/or Certificate # _____

Vendor Name: _____ Date: _____

Procurement Services Use Only

After reviewing the above responses, it is my judgment that this service provider is an:

Independent Contractor: _____ Employee: _____ Information will be forwarded to OHR

Procurement Services Reviewer: _____ Date: _____

Notes: _____
