



FOR DIRECT REIMBURSEMENT TO INDIVIDUAL, COMPLETE HIGHLIGHTED AREAS BELOW

APPLIED RESEARCH ASSOCIATES, INC.

Expanding the Realm of Possibility®

Substitute Form W-9 *Required Fields	Request for Vendor, Taxpayer Identification Number, and Size Certification	Return form to the requestor. Do NOT send to the IRS.
1. Taxpayer Information		
*Name (As shown on your income tax return) <INSERT TRAVELERS FIRST AND LAST NAMES HERE>		
Business Name, if different from above. (Doing Business As)		
*Check one: <input type="checkbox"/> U.S Citizen <input type="checkbox"/> Resident Alien or Permanent Resident		
*Check appropriate box(s): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> LLC (select tax classification) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership		
*Physical Address: (Number, street, and apt or suite no.) <INSERT YOUR MAILING ADDRESS>	*City, State, and Zip Code <INSERT CITY, STATE, AND ZIP CODES>	
*Payment Remit to Address (As it appears on your Invoice): <INSERT YOUR MAILING ADDRESS EVEN IF IT SAME AS ABOVE>	Payment Terms *ARA prefers N30 Net 10	
2. Taxpayer Identification Number: The TIN or SSN provided must match the name given on this form to avoid backup withholding		
*Taxpayer Identification Number or Social Security Number: <DO NOT INSERT SS#>		1099: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<small>Enter your TIN in the box provided. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity refer to the instructions on W-9 form. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on W-9 form: http://www.irs.gov/pub/irs-pdf/fw9.pdf</small>		
3. Point of Contact Information:		
*Name: <INSERT NAME OF TRAVELER>	*Title: <INSERT TRAVELERS TITLE>	
*Phone Number: <INSERT PHONE NUMBER>	*Fax Number: <EMPLOYERS FAX IF AVAILABLE>	
*E-Mail Address: <INSERT TRAVELERS EMAIL>	*Web Address: <EMPLOYERS WEB ADDRESS>	
4. Business or Individual Information:		
*Primary NAICS Code:	For guidance on NAICS codes refer to http://www.census.gov/eos/www/naics/	
Number of Employees:	* Dun & Bradstreet No:	
*Is your company listed on the U.S. Government Excluded Parties List System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5.* Business Description: Provide a brief description of your products/services or e-mail information to sblo@ara.com.		
<INSERT NAME OF EMPLOYER AND A SHORT DESCRIPTION>		
6. * Size Classification: (must select at least one size classification)		
<input type="checkbox"/> Large Business <input type="checkbox"/> Historically Black Colleges & Universities <input type="checkbox"/> Minority Owned <input type="checkbox"/> Alaska Native Corporation and/or Indian Tribe (Large - not certified as SDB)		
<input type="checkbox"/> Small Business (Check all Subcategories that apply) <input checked="" type="checkbox"/> Individual Consultant <input type="checkbox"/> Woman Owned <input type="checkbox"/> Economically Disadvantaged Woman Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> HUBZone <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> Alaska Native Corporation and/or Indian Tribe		
Other (Please Specify): <input type="checkbox"/> Non-Profit or Trade Association <input checked="" type="checkbox"/> Direct Affiliate or Interviewee <input type="checkbox"/> Government Agency (Federal, State or City) <input type="checkbox"/> University or Educational Institution		
<small>if you have difficulty ascertaining your size status, please call 1-800-827-5722 or refer to Small Business Administration's website at www.sba.gov. Under 15 U.S.C. 645(d), any person who misrepresents its size status shall: (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be 'ineligible for participation in programs conducted under the authority of the Small Business Act. Some definitions from FAR, Part 19 and Part 26 are provided on the reverse side of this form. (The business size selected is for all locations associated with the Federal Tax ID # on this form.)</small>		
7. Certification:		
<small>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. This form does not obligate ARA or guarantee business.</small>		
*Print Name and Title:	*Signature:	*Date:
*For ARA Administrator and Corporate use only: New Vendor in CostPoint <input type="checkbox"/> Yes <input type="checkbox"/> No		
Division Requesting Vendor Set-Up:		
Cost Point #:	Initials:	Date:
Comments:		