Cherokee Nation Substitute W-9 Form
Request For Taxpayer Identification Number and Certification

NOTE: Your United States TAXPAYER IDENTIFICATION NUMBER MUST be provided regardless of your tax status. Name must be the same as that filed with the IRS or the Social Security administration as applicable. Failure to return this form in a timely manner will delay the order and/or payment. By Federal Law, the following information needs to be completed and returned to your procurement contact person at Cherokee Nation.

PRINT OR TYPE

LEGAL NAME
(As entered with IRS) If Sole Proprietorship, enter your LAST, FIRST, MI

TRADE NAME	**Vendor Entity Type**: (Select only one box)
If doing business as (D/B/A) or business name of Sole Proprietorship	☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership/Limited Liability company ☐ Government ☐ Non-Profit ☐ Other

PRIMARY ADDRESS (For return of 1099 Form)	**Type of Business**: (Select all if apply)
PO Box or number and street City, State, Zip + 4	☐ Minority Owned ☐ TERO ☐ Small Disadvantage ☐ Other Business Enterprise (attach certificate if checked) ☐ Woman Owned (attach certificate if checked)

ORDER ADDRESS (Where order should be sent, if different than above)
PO Box or number and street

City, State, Zip + 4

Contact Name: Email Address:
Contact Title: Phone Number:
                               Fax Number:

REMIT ADDRESS (Where check should be sent, if different than above)
PO Box or number and street

City, State, Zip + 4

Contact Name: Email Address:
Contact Title: Phone Number:
                               Fax Number:

TAXPAYER IDENTIFICATION NUMBER (TIN) (Provide One Only)	**FOR CN USE ONLY**
If sole proprietorship provide FEIN if applicable Social Security Number (SSN) ___ ___ ___ - ___ ___ - ___ ___ ___ ___ OR Federal Employer Identification No. (FEIN) ___ ___ - ___ ___ ___ ___ ___ ___ ___	**1099** ☐ Yes ☐ No **VEND** ☐ Addition ☐ Change

WHAT WILL YOU BE PROVIDING?

☐ Goods   ☐ Services   ☐ Both

Does any owner, sales/service representative, or employee, have a personal relationship with a CN employee (includes all tribal locations)?

☐ Yes (if yes, please attach a letter of explanation)   ☐ No

Has your firm and/or is your firm involved in Federal debarment process?

☐ Yes (if yes, please attach a letter of explanation)   ☐ No

CERTIFICATION

Under penalties of perjury, I declare that the information I provided is correct and complete

Signature _____ Phone (___)_____

Title _____ Date _____
            Please Print