

New Supplier Form Instructions For UMBC Users

We have been working with IT to simplify the process to become a supplier with the University.

Below is a guide to help the UMBC user assist the external individual and or company to complete the forms.

Please skip to page 7 for assistance with the W-9 Form.

Please skip to page 9 for assistance with the W-8BEN Form.

Please skip to page 11 for assistance with the W-8BEN-E Form.

Supplier Information Sheet

Ensure that you enter Supplier Contact information correctly:

- They will only be able to access the form through their email.

UMBC_Contact	*Name <input type="text" value="Christina Carvin"/>	*Email <input type="text" value="ccarvin1@umbc.edu"/>
Supplier_Contact	*Name <input type="text" value="Test"/>	*Email <input type="text" value="testtesttest@gmail.com"/>
	*Firm Name <input type="text" value="Test"/>	
	*Supplier-Type <input type="text" value="--choose--"/>	

Pressing the Next button will generate an email with a link to the Electronic Signature process
* = Required field.

On the form you will see some new and old fields.

supplier-type

Domestic (with US Tax Id or SSN number) ▼

--choose--

Domestic (with US Tax Id or SSN number)

Foreign Individual

Foreign Corporation

UMBC Contact - This is the name of the UMBC employee that is “sponsoring” the form. Procurement will use this information to contact you, if there is a problem with the form.

Supplier Contact - fill in the name of the contact person and their email address. Please make sure to spell the email correctly or they will not receive the form.

Firm Name - ****Be sure to provide the exact firm name of the business including: Inc., LLC, Company, etc as this information will be automatically populated on the W-9, W-8 BEN, or W-8 BEN - E form****

****If we are paying an individual please enter the individuals first and last name or N/A in this field.****

Supplier Type - This will attach the correct government form.

Domestic - any company or person INSIDE the US WITH a US tax EIN or US SSN.
(W-9)

Foreign individual - any person OUTSIDE the US WITHOUT a permanent SSN
(W-8BEN)

Foreign Corporation - any company OUTSIDE the US WITHOUT a US Taxpayer ID
(W-8BEN-E)

The Docusign will then be emailed to the contact’s email address provided in the form fields.

You, as the UMBC Contact, will no longer need to initial the form.

To cut down on rejections, the following instructions from Procurement will be the first part of the form and the first document the supplier will see. (As shown below.)

START

PROCUREMENT & STRATEGIC SOURCING
 University of Maryland, Baltimore County
 Administration Building, 7th Floor
 1000 Hilltop Circle, Baltimore, MD 21250
 procurement.umbc.edu // p: 410.455.2273

UMBC Instructions

Please read before completing and submitting your forms.

Your form will be returned to you if:

- Your Order **OR** Remit address does not **Exactly** match the address on your W8 BEN, W8 BEN-E, or W9 form.
- Your Name or Company Name is not **Exactly** the same on your supplier sheet or your W8 BEN, W8 BEN-E, or W9 form.

If you are a business, expect a follow-up email from the UMBC Procurement department requesting banking details to begin ACH/ Direct Deposit payments from the State – participation in ACH payment is not mandatory.

A returned form will delay your payment

Thank you,
 UMBC Procurement

Followed immediately by the Supplier form.

The supplier will fill out their Federal Tax Id **or** SSN and select the correct radio button, this selection will populate in the corresponding field on the W9. (See page 7 for example.)

****This portion is optional for Foreign Individuals or Corporations****

Federal Tax Identification or Social Security No.:	<input type="text" value="123"/>	<input type="text" value="45"/>	<input type="text" value="6789"/>	SSN <input checked="" type="radio"/>	EIN <input type="radio"/>
OR					
Federal Tax Identification or Social Security No.:	<input type="text" value="11"/>	<input type="text" value="1111111"/>		SSN <input type="radio"/>	EIN <input checked="" type="radio"/>

The Supplier will provide their **full address (including zip code)** and phone number (fax is optional) for the Purchase order address. Individuals should provide their permanent home address.

If the supplier checks “Yes” to "Same as Purchase Order Information” for the remittance address the forms will automatically populate with the information previously entered. (As shown below.)

PURCHASE ORDER ADDRESS:
Firm Name:
Contact Name:
Federal Tax Identification or Social Security No.: SSN EIN
Street Address:
City, State, Zip:
Phone: Fax: Email:

REMITTANCE ADDRESS Same as Purchase Order Information? Yes No
Name:
Street Address:
City, State, Zip:
Phone: Fax: Email:

If the supplier selects “No” to “Same as Purchase Order information” they will need to fill out their **full address including zip code** in that section.

PURCHASE ORDER ADDRESS:
Firm Name:
Contact Name:
Federal Tax Identification or Social Security No.: SSN EIN
Street Address:
City, State, Zip:
Phone: Fax: Email:

REMITTANCE ADDRESS Same as Purchase Order Information? Yes No
Name:
Street Address:
City, State, Zip:
Phone: Fax: Email:

The next section is Minority Business Enterprise (MBE)/ Small Business Reserve (SBR) Ownership

The supplier will select the correct radio button and answer follow up questions. Individuals should select "No", as this sections is for businesses

If "No" is selected, nothing further will be needed. (As shown below.)

MBE OWNERSHIP: Is the firm a Maryland Department of Transportation (MDOT) certified Minority, Female or Disabled-Owned Business Enterprise? Yes No

If "Yes" is selected, They will need to enter their type of certification, as well as their MBE Certification Number. (As shown below.)

MBE OWNERSHIP: Is the firm a Maryland Department of Transportation (MDOT) certified Minority, Female or Disabled-Owned Business Enterprise? Yes No

TYPE OF CERTIFICATION: Required - MBE CertType
-- select --
-- select --
Minority
Female
Disability-Owned

MBE CERTIFICATION NUMBER:

SBR: Is the firm a certified Small Business in the Maryland SBR program? Yes No

The same process as above will be followed if they are a participant in the SBR program

If "No" is selected, nothing further will be needed. (As shown below.)

SBR: Is the firm a certified Small Business in the Maryland SBR program? Yes No

If "Yes" is selected, They will need to enter their certification Expiration date, as well as their SBR Certification Number. (As shown below.)

SBR: Is the firm a certified Small Business in the Maryland SBR program? Yes No

SBR CERTIFICATION NUMBER:

Expiration Date:

The supplier will need to select their organization type. Businesses should know what category they fall into. An individual should select “Individual (Sole Proprietorship)”.

ORGANIZATION TYPE: -- select --

- select --
- Individual (Sole Proprietorship)
- Partnership Corporation
- Joint Venture
- Association
- LLC/LPP
- Wholesale Distributing
- Manufacturing or Production
- Retail Dealer
- Service Organization
- Contractor
- Other

CONFLICT OF INTEREST
Does a current UMBC employee or trustee of the University System of Maryland own assets in this firm?
Is a spouse, parent, or sibling or current UMBC employee or trustee of the University System of Maryland an owner of this firm?

UMBC Contact: Christina Carvin

O_UMBC_Supplier_Information_Sheet_w
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The last section of the supplier sheet has the conflict of interest information as well as the UMBC contact name. The supplier will need to select the correct response for their situation. (As shown below.)

CONFLICT OF INTEREST:

Does a current UMBC employee or trustee of the University System of Maryland own assets in this firm? Yes No

Is a spouse, parent, or sibling or current UMBC employee or trustee of the University System of Maryland an owner of this firm? Yes No

UMBC Contact: Christina Carvin

Again, UMBC Contact information is used to contact the “sponsor” if there is an issue with the form.

W9

For Individuals or companies with a permanent US SSN or US Tax Identification Number and US address requesting to be a supplier they will proceed to fill out a W9 form. This form will automatically populate when "Domestic (With US Tax ID or SSN)" is selected in the drill down list by the UMBC user.

As shown in the image, sections 1, 2 (automatically filled from the supplier sheet Firm name- but is editable by the supplier), 3a, 5, and 6 are mandatory and are shown with a red box.

Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification
www.docusign.com
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

Test Test

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor C corporation S corporation Partnership Trust/estate

LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions. _____

Requester's name and address (optional) _____

6 City, state, and ZIP code _____

7 List account number(s) here (optional) _____

Print or type. See Specific Instructions on page 3.

Part 1 will be automatically filled from the SSN or EIN entered for the supplier sheet in order to reduce errors.

Part I Taxpayer Identification Number (TIN)


Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
123 - 45 - 6789

Employer identification number
- - - - -

Part 2. Will require an electronic signature and will be automatically dated by Docusign with the time of completion.

Part II Certification	
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; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person 
Date 11/5/2024 12:10:39 PM EST	

At the bottom of the docusign packet is the supplemental information. These are instructions provided by the US government and are provided for the user if they need more assistance with filling out the W9.

PO_UMBC_Supplier_Information_Sheet Supplemental W9-IRS Page 2plus.docx	<input type="button" value="VIEW"/>
This supplement is for your information.	
<input type="button" value="FINISH"/>	

The supplier must select “finish” for the form to be submitted. A copy or receipt will be sent to the UMBC Contact upon completion.

<input type="button" value="FINISH"/>

****If you do not have this receipt of completion, Procurement has not received the form.****

Please allow up to two business days from receipt of forms before contacting Procurement about supplier additions to PAW.

W-8BEN

The W-8BEN form is to be used by Individuals without an SSN. This form will automatically populate when "Foreign Individual" is selected in the drill down list by the UMBC User.

*Supplier-Type

Foreign Individual

Just like the W9 form on page 7, the mandatory fields are shown with a red box.

For Part 1 that will be sections 1,2, all of 3, and 8.

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DEMONSTRATION DOCUMENT ONLY
 PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
 999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docuSign.com

Form **W-8BEN**
 (Rev. October 2021)
 Department of the Treasury
 Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)
 ▶ For use by individuals. Entities must use Form W-8BEN-E.
 ▶ Go to www.irs.gov/FormW8BEN for instructions and the latest information.
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner

2 Country of citizenship

3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.

City or town, state or province. Include postal code where appropriate. Country

4 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate. Country

5 U.S. taxpayer identification number (SSN or ITIN, if required (see instructions))

6a Foreign tax identifying number (see instructions)

6b Check if FTIN not legally required

7 Reference number(s) (see instructions)

8 Date of birth (MM-DD-YYYY) (see instructions)

Part 2: Claim of Tax Treaty Benefits is optional and can be left blank.

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____
Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part 3: Certification. The check box (shown in red) must be selected and an electronic signature will be entered as well as the date. Finally, the user must type their name and the form will be completed.

Sign Here I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signed by: Christina Carmin 11/5/2024 | 12:25:54 PM EST
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer _____

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 25047Z Form **W-8BEN** (Rev. 10-2021)

FINISH

The supplier must select “finish” for the form to be submitted. A copy or receipt will be sent to the UMBC Contact upon completion.

If you do not have this receipt of completion, Procurement has not received the form.

Please allow up to two business days from receipt of forms before contacting Procurement about supplier additions to PAW.

W-8BEN-E

The W-8BEN-E is to be used by Companies without a US EIN. This form will automatically populate when “Foreign Corporation” is selected in the drill down list by the UMBC User.

***Supplier-Type**

Foreign Corporation
▼

Just like the W9 and W-8BEN the mandatory fields for Part 1 are shown in red boxes, numbers 1, 2, 3, 4, and all of 6 are Mandatory fields. The rest, shown in grey, are optional fields.

Form W-8BEN-E
(Rev. October 2021)
Department of the Treasury
Internal Revenue Service

**Certificate of Status of Beneficial Owner for
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.
► Go to www.irs.gov/FormW8BENE for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form for:

- U.S. entity or U.S. citizen or resident W-9
- A foreign individual W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY

Part I Identification of Beneficial Owner

1 Name of organization that is the beneficial owner	2 Country of incorporation or organization																
3 Name of disregarded entity receiving the payment (if applicable, see instructions)																	
<p>4 Chapter 3 Status (entity type) (Must check one box only):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="radio"/> Simple trust</td> <td><input type="radio"/> Tax-exempt organization</td> <td><input type="radio"/> Corporation</td> <td><input type="radio"/> Partnership</td> </tr> <tr> <td><input type="radio"/> Central Bank of Issue</td> <td><input type="radio"/> Private foundation</td> <td><input type="radio"/> Complex trust</td> <td><input type="radio"/> Foreign Government - Controlled Entity</td> </tr> <tr> <td><input type="radio"/> Grantor trust</td> <td><input type="radio"/> Disregarded entity</td> <td><input type="radio"/> Estate</td> <td><input type="radio"/> Foreign Government - Integral Part</td> </tr> <tr> <td></td> <td></td> <td><input type="radio"/> International organization</td> <td></td> </tr> </table> <p style="font-size: small;">If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="radio"/> Yes <input checked="" type="radio"/> No</p>		<input type="radio"/> Simple trust	<input type="radio"/> Tax-exempt organization	<input type="radio"/> Corporation	<input type="radio"/> Partnership	<input type="radio"/> Central Bank of Issue	<input type="radio"/> Private foundation	<input type="radio"/> Complex trust	<input type="radio"/> Foreign Government - Controlled Entity	<input type="radio"/> Grantor trust	<input type="radio"/> Disregarded entity	<input type="radio"/> Estate	<input type="radio"/> Foreign Government - Integral Part			<input type="radio"/> International organization	
<input type="radio"/> Simple trust	<input type="radio"/> Tax-exempt organization	<input type="radio"/> Corporation	<input type="radio"/> Partnership														
<input type="radio"/> Central Bank of Issue	<input type="radio"/> Private foundation	<input type="radio"/> Complex trust	<input type="radio"/> Foreign Government - Controlled Entity														
<input type="radio"/> Grantor trust	<input type="radio"/> Disregarded entity	<input type="radio"/> Estate	<input type="radio"/> Foreign Government - Integral Part														
		<input type="radio"/> International organization															

6 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate. Country

7 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate. Country

For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 59689N Form **W-8BEN-E** (Rev. 10-2021)

Parts 2-29 (not shown here) should only be filled out if those sections apply, per the instructions.

Part 30 Certification: requires the checkbox (shown in red) to be selected. That will trigger a signature, and typed name. The date will automatically be entered by Docusign.

