AO 213 (Rev. 01/16)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS Accounting Division

VENDOR INFORMATION/TIN CERTIFICATION

Mandatory Information that MUST be provided before submission

☐ Ex-AO Employee
☐ SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address	Other Address (If different from Vendor Address)			
Select all that apply ☐ Order ☐ Remit ☐ 1099	Select all that apply ☐ Order ☐ Remit ☐ 1099			
Name:	Address:			
Business Name: (if different from above)	City:			
Address 1:	State: Zip Code:			
Address 2:	Phone #:			
City:	Description: (If needed)			
State: Zip Code:				
Phone #: E-mail:				
Taxpayer Identification #: (TIN, SS, or EIN number)				
DUNS #				
Financial	Information			
Bank Name:	Routing # (this nine digit number appears on your checks, but do not include individual check numbers):			
City:	Account #:			
State: Zip Code:	Type of Account: (select one)			
Type of Organization for 1099 reporting:				
☐ sole proprietorship;	☐ partnership;			
☐ corporate entity (not tax-exempt);	☐ corporate entity (tax-exempt);			
☐ health care provider;	other:			
☐ government entity (write in either federal, state or local)				

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned 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 and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below).
- ☐ You must select this check box 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. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

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Definitions:

Please type or print clearly.

"Taxpayer Identification (TIN, SS, or EIN number)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

connecte		a trade or bus			nat does not have income effectively s not have an office or place of business	
☐ The ven	dor is an agency or in	strumentality (of a foreign govern	nment;		
	Additional inf		uired for vendors orders, contracts		urement	
Indicate which, if any, o management and daily o					at the vendor is 51% owned and the o-economic group:	
■ Womer	Owned Business Not App		pplicable			
Minorit	y Owned Business (If	yes, select one of	the owner's race/ethni	city selections from	below):	
□ A	sian-Pacific American	ı 🗖 Bla	ck American	☐ Subcont	inent Asian (Asian-Indian)American	
□ н	ispanic American	Nat	ive American	Other:		
Date:				-		
				Vendor's	signature	
For Agency Use Only The vendor name and D CCR). (Check www.sar					lanagement (SAM) vendors (formerly merchants.	
Mark Boxes that apply:	☐ Addition ☐	1 Change	☐ Vendor Co	de:	(make entry only if change)	
	☐ Active	I Inactive				
The follow	wing information is op	tional for indi	viduals whose nar	ne and telephon	e are already on the form:	
Contact Name:						
Telephone Number:	Email:					
	I	dentification o	f person making tl	nis request:		
Name:						
Telephone Number:	Originating Office:					
Please type or print clearly.	Please type or print clearly. Please type or print clearly. For JIFMS Users only, e-mail the completed form to: jifms@support.aotx.uscourts.gov. For Court					

FAS4T Users, send this form to the local court Vendor Administrator. For questions regarding JIFMS and Court FAS4T please

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.

contact SDSO at (210) 301-6320.