

<b>Form W-9</b> <b>(Detroit Zoological Society [DZS]</b> <b>Substitute Form W-9) (As of Nov. 2018)</b>	<b>Request for Taxpayer</b> <b>Identification Number and Certification</b>	<b>Please email the completed form to</b> <a href="mailto:purchasing@dzs.org">purchasing@dzs.org</a> <b>when complete!</b>
<i>Purpose: The purpose of this form is to obtain and verify the accuracy of information for all Detroit Zoological Society vendors. All vendors must certify, by signing the form below, that the TIN given is correct (or if you are waiting on a number to be issued). All vendors must have an accurate Form W-9 on file.</i>		<b>Indicate name of DZS contact:</b> <hr/>
<b>Name</b> on record with the IRS or Social Security Administration		
<b>All DBA (s) or Name(s)</b> shown on invoice, if different from Name above (use attachments if necessary)		
<b>Business Type:</b> Individual/Sole Proprietor    C Corporation    S Corporation    Partnership    Trust/estate Limited liability company    Tax-Exempt Organization under Section 501(C)(3)		
<b>Description of goods or services provided:</b>		
<b>Exemptions (if any)</b> Exempt payee code _____ Exemption from FATCA reporting code _____ Check this box <input type="checkbox"/> if you are exempt from backup withholding.  See the IRS link below for instructions.	<b>Contact Information</b>  Vendor's address (as shown on the income tax return):  _____ _____ Number, Street Name, Apt. or Suite No. City, State, ZIP code  County _____  Phone _____ Fax _____  Email Address _____  Website _____	
<b>Taxpayer Identification Number (TIN)</b> Social Security Number _____ - _____ - _____  Employer Identification Number _____ - _____ - _____  DUNS # _____  See the IRS link below if you do not have a TIN.	Contact's Name and Title _____  Contact's Role: Primary Contact _____ Decision Maker _____ Accounts Receivable _____  Payment Terms (Net/Discount) _____  <b>Remit to address if different from Vendor's address</b>  _____ Number, Street Name, Apt. or Suite No., City, State and ZIP code  <b>Use attachments if necessary to convey additional contacts and their information.</b>	
<b>Vendor Diversity Questionnaire</b> Just as we value and celebrate biodiversity, the DZS celebrates the diversity of our human community.  <b>If your business is at least 51% owned or controlled by any of the following, please check:</b>  Minority Person(s)      Woman/Women LGBTQ(s)                    Veteran(s) Disabled Person(s) Other	<b>Does your company have a diversity and inclusion policy or promote diversity and inclusion in its business practices? If so, please check and describe</b>  _____ _____ _____	
<b>Certification: By signing, I certify compliance with all aspects of Part II of the IRS Form W-9 (<a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>)</b>		
<b>SIGN</b> <b>HERE</b>	Signature of U.S. person X _____	Title _____ Date _____
<b>General Instructions:</b> Section references are to the Internal Revenue Code unless otherwise noted. Instructions referenced herein are found at <a href="https://www.irs.gov/pub/irs-pdf/iw9.pdf">https://www.irs.gov/pub/irs-pdf/iw9.pdf</a> . <b>Future developments.</b> The IRS has a webpage with information about the Form W-9, at <a href="http://www.irs.gov/w9">www.irs.gov/w9</a> . Information about any future developments affecting Form W-9 (such as legislation enacted after the IRS releases it) will be posted on that page. Please see this link if you do not have a tax identification number or have exemptions.		