

Foreign Tax Identification Number

Signature

## Vendor Data Management Unit (VDMU) Commonwealth of Pennsylvania FOREIGN VENDOR REGISTRATION FORM

A completed, signed, and dated IRS W8 BEN form **must** accompany this registration. W8 BEN can be located on page 2.

## All fields are REQUIRED and must be completed. Incomplete forms will not be processed.

rax rype		
Legal Name		
Name of the Company (if different than Legal	Name, DBA)	
Name of Person Creating Registration		
Business Type		
E-mail Address	Verify E-mail Address	
Area Code & Phone Number	Fax	
Street Number and Name	City	
State/Province	Country	
Postal Code		
Which Product Categories Can you Deliver? A	t least one must be selected.	
supplies to or perform services for the Commonwealth of Penns any financial assistance including state or federal grant monies not be construed as applying for any necessary license to delive need to seek such a license from the appropriate Commonwealt DATA PRIVACY: Information provided through the PA Vendor Ponot be limited in its use to one Commonwealth agency. Informat Pennsylvania Right to Know Law, 65 P.S. Section 66.1 et seq. TERMS: By submitting information through the PA Supplier Por address and one (1) Automatic Clearing House (ACH) bank accommon certification: By submitting information through the PA Venof, the person or entity identified; and, (2) all of the information statements made by you on or in the PA Vendor Portal are subjective procurement Code 62 Pa.C.S. §3604 Certification: The Company certifies that it is not currently engaged, and will	s not guarantee that your business will be awarded any contract or purchase order to provide ylvania. Further, registering does not guarantee that your business or organization will receive from the Commonwealth of Pennsylvania. Registering as a Commonwealth SRM vendor should be supplies or perform services in a regulated industry in Pennsylvania. Your business would the Agency.  Ortal will be used in the purchasing and accounting activities of the Commonwealth and will retion is retained in accordance with existing Commonwealth policy and laws, including the stal, you are agreeing on behalf of the person or entity identified to one (1) default remit to bount.  Indoor Portal, you certify that: (1) you are authorized to submit the information for, or on behalf is true and correct to the best of your knowledge, information, and belief. Any false exect to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).  Inot during the duration of any Commonwealth contract, engage in a boycott of a person or an accommonwealth is not prohibited by Congressional statute from engaging in trade or under Section 3604 of the Procurement Code, 62 Pa.C.S. §3604.	
Yes. I certify that Section 3604 of the Procurement		

Please allow 3-5 business days for correspondence, which will occur via e-mail.

The attached W8 BEN, page 2, has been completed. Forms that do not have a completed W8 BEN will not be processed

Date

## Form W-8BEN

(Rev. January 2017)

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.

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NO	T use this form if:			Instead, use Form:		
• You a	re NOT an individual			W-8BEN-E		
• You	are a U.S. citizen or other U.S. person, including a reside	nt alien individual		W-9		
	are a beneficial owner claiming that income is effectively r than personal services)		rade or business v	vithin the U.S.		
• You	are a beneficial owner who is receiving compensation for	personal services performed in	the United States	8233 or W-4		
	• ,					
	f you are resident in a FATCA partner jurisdiction (i.e., a					
provide	d to your jurisdiction of residence.	•	oiprocity), certain t	ax account information may be		
Par	\	e instructions)				
1	1 Name of individual who is the beneficial owner 2 Country of citizenship					
3	3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.					
3	r emanent residence address (street, apt. or suite no., c	or rural route). <b>Do not use a r.c</b>	J. DOX OF III-Care-	or address.		
	City or town, state or province. Include postal code who	ere appropriate.		Country		
	only of town, state of province. Morade postar code with	ло арргорпако.		Country		
4 Mailing address (if different from above)						
	City or town, state or province. Include postal code whe	ere appropriate.		Country		
5	U.S. taxpayer identification number (SSN or ITIN), if requ	uired (see instructions)	6 Foreign tax i	dentifying number (see instructions)		
7	Reference number(s) (see instructions)	8 Date of birth (MM-DD-Y	YYY) (see instructi	ons)		
Part	,					
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	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					
	or the treaty identified of	n line 9 above to claim a	% rate of withhold	ling 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:						
	Explain the additional conditions in the Article and parag	graph the beneficial owner mee	to be eligible for	the rate of withholding.		
Part	III Certification					
	enalties of perjury, I declare that I have examined the information	n on this form and to the best of my	knowledge and belief	it is true, correct, and complete. I further		
certify u	nder penalties of perjury that:	•	ū	•		
	I am the individual that is the beneficial owner (or am authorized	to sign for the individual that is the	heneficial owner) of	all the income to which this form relates or		
	am using this form to document myself for chapter 4 purposes,	a to sign for the marvadar that is the	beneficial owner, or	all the moone to which this form relates of		
•	The person named on line 1 of this form is not a U.S. person,					
•	The income to which this form relates is:					
	(a) not effectively connected with the conduct of a trade or busing	ness in the United States,				
	(b) effectively connected but is not subject to tax under an appli	icable income tax treaty, or				
	(c) the partner's share of a partnership's effectively connected in	ncome,				
•	The person named on line 1 of this form is a resident of the trea the United States and that country, and	aty country listed on line 9 of the form	n (if any) within the m	eaning of the income tax treaty between		
•	For broker transactions or barter exchanges, the beneficial own	er is an exempt foreign person as de	efined in the instructi	ons.		
	Furthermore, I authorize this form to be provided to any withhol any withholding agent that can disburse or make payments of the if any certification made on this form becomes incorrect.					
C:	Uara A					
Sign	Signature of beneficial owner (or individ					
	Signature of beneficial owner (or individ	ual authorized to sign for beneficial o	owner)	Date (MM-DD-YYYY)		
	Print name of signer		anacity in which actin	g (if form is not signed by beneficial owner)		