

VENDOR/CONSULTANT DATA FORM
TOWER FOUNDATION OF SJSU
ONE WASHINGTON SQUARE, SAN JOSÉ, CA 95192-0183
408-924-1779 FAX 408-924-1476

**This completed form must be current and on file in our office before payment can be made.
The information you provide will determine the type of payment appropriate for the service provided.**

Vendor/Consultant Name:
Mailing Address:
City, State, Zip Code:
Telephone Number:
Email Address:

Vendor Entity Type – Check One Box Only

<input type="checkbox"/> Corporation <input type="checkbox"/> Exempt Corporation (Non-profit) <input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership <input type="checkbox"/> Estate or Trust
You cannot be paid as a consultant if you are an employee of Tower Foundation or an employee of SJSU.	

Vendor's Taxpayer I.D. Number – NOTE: Payment will not be processed without an accompanying taxpayer ID number, unless considered a foreign vendor.

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.	IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR ENTER SSN.

Vendor Residency Status

CHECK APPROPRIATE BOX(ES)	
<input type="checkbox"/> U.S. Citizen or Permanent U.S. Resident Alien (Green Card Holder) <input type="checkbox"/> Nonresident Alien (Not a U.S. citizen or a Permanent Resident Alien)	Country of Residency: _____

Certifying Signature (Please Read Carefully)

I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.	
I hereby certify under penalty of perjury that I am not a San José State University or Tower Foundation employee.	
AUTHORIZED VENDOR REPRESENTATIVE NAME TYPE OR PRINT	TITLE
SIGNATURE	DATE

Please return completed form to:
TOWER FOUNDATION OF SJSU
ACCOUNTS PAYABLE
ONE WASHINGTON SQUARE
SAN JOSÉ, CA 95192-0183