



# Smithsonian Institution Vendor Enrollment

<b>Vendor Action</b>	Create NEW ___ Change Existing Vendor # _____				
<b>Vendor Type</b> (Check One)	Supplier ___ Stipend Recipient ___ Employee ___ Other Government Agency ___				
<b>Vendor Name</b>				<b>TIN/ITIN or SSN</b>	_____
<b>Short Name</b>	(May be changed by OC)			<b>DUNS #</b>	_____
<b>REMIT TO ADDRESS (for check disbursements ONLY).</b> <b>NOTE to Vendor: check disbursement may delay receipt of payment.</b>					
<b>Remit To Address</b>					
<b>City</b>				<b>State</b>	<b>Zip</b>
<b>Contact Name</b>				<b>Phone</b>	
<b>Email</b>				<b>FAX</b>	
<b>Buy From Address</b>					
<b>Buy From Address</b>					
<b>City</b>				<b>State</b>	<b>Zip</b>
<b>Contact Name</b>				<b>Phone</b>	
<b>Email</b>				<b>FAX</b>	
<b>Business Mailing Address</b>					
<b>Business Address</b>					
<b>City</b>				<b>State</b>	<b>Zip</b>
<b>Contact Name</b>				<b>Phone</b>	
<b>Email</b>				<b>FAX</b>	
<b>Business Type (check one)</b>					
<input type="checkbox"/>	8(a) Program Participant	<input type="checkbox"/>	Construction Firm	<input type="checkbox"/>	Municipality
<input type="checkbox"/>	American Indian Owned	<input type="checkbox"/>	Educational Institution	<input type="checkbox"/>	Nonprofit Organization
<input type="checkbox"/>	HUB Zone Firm (*See note below)	<input type="checkbox"/>	Emerging Small Business	<input type="checkbox"/>	Research Institution
<input type="checkbox"/>	Minority Owned Business	<input type="checkbox"/>	Foreign Supplier	<input type="checkbox"/>	S Corporation
<input type="checkbox"/>	Large Business	<input type="checkbox"/>	Historically Black College/Univ	<input type="checkbox"/>	Service Location
<input type="checkbox"/>	Small Business	<input type="checkbox"/>	Labor Surplus Area Firm	<input type="checkbox"/>	Sheltered Workshop (JWOD Supplier)
<input type="checkbox"/>	Small Disadvantaged Business	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Tribal Government
<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>	Manufacturer of Goods	<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Veteran Owned Business	<input type="checkbox"/>	Minority Institution	<input type="checkbox"/>	
<input type="checkbox"/>	Service Disabled Veteran Owned	<input type="checkbox"/>		<input type="checkbox"/>	
(*Note: HUB Zone Firm is a Historically Underutilized Business Zone Firm.)					
<b>Minority Owned Business Specific Types (check one)</b>					
<input type="checkbox"/>	Subcontinent Asian (Asian-Indian) American Owned	<input type="checkbox"/>	Asian-Pacific American Owned	<input type="checkbox"/>	Black American Owned
<input type="checkbox"/>	Hispanic American Owned	<input type="checkbox"/>	Native American Owned	<input type="checkbox"/>	No Representation/None of the Above
<b>TAX and Withholding Information (check one)</b>					
<b>1099 Recipient</b>	Y	N	<b>1042 Recipient</b>	Y	N
<b>1099 Code (check one)</b>	Rents	Royalties	Prizes and Awards	Health Care	Non-employee Compensation
<b>Federal Taxes will be withheld for Vendors without TIN/ITINS doing business in the U.S.</b>					
<b>Withholding Tax Rate</b>		<b>Exempt Code</b>		<b>Country Code</b>	
<b>REQUIRED</b>					
<b>Vendor Authorized Signer Name</b>				<b>Phone</b>	
<b>Title</b>					
<b>Vendor Signature</b>	X _____				
<b>SMITHSONIAN INSTITUTION USE ONLY</b>					
<b>SI Unit Contact Name:</b>				<b>DEPT ID</b>	<b>Phone</b>
<b>Special Instructions to OC</b>					