

**Request for Taxpayer  
Identification Number and Certification**

IRS Instructions may be found at:

<https://www.irs.gov/forms-instructions>

Do NOT send to the IRS.

Send form securely  
to AHEC.

Print or type. See instructions.

1 Name (as shown on your income tax return). Name is **required** on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1.  
Check only ONE of the following seven boxes.

- |                                                                           |                                                                               |                                                                               |                                                                             |                                       |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Individual/sole proprietor                       | <input type="checkbox"/> C Corporation                                        | <input type="checkbox"/> S Corporation                                        | <input type="checkbox"/> Partnership                                        | <input type="checkbox"/> Trust/Estate |
| <input type="checkbox"/> LLC - Single Member<br>Filing as Sole Proprietor | <input type="checkbox"/> Limited Liability Company<br>Filing as C-Corporation | <input type="checkbox"/> Limited Liability Company<br>Filing as S-Corporation | <input type="checkbox"/> Limited Liability Company<br>Filing as Partnership |                                       |

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner.

Do NOT check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is NOT disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see W-9 instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see W-9 instructions):

Exempt payee code (if any): \_\_\_\_\_ Exemption from FATCA reporting code (if any): \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

Provider of Medical Services?	Yes	No
Provider of Legal Services?	Yes	No

5 Address (number, street, and apt. or suite no.) See W-9 instructions.

6 City, State, and ZIP code

7 List account number(s) here (optional)

**Requester's name and address**Auraria Higher Education Center – Accounts Payable  
PO Box 173361, Campus Box B  
Denver, CO 80217-3361**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I in the instructions. For other entities, it is your employer identification number (EIN).

If you do not have a number, see *How to get a TIN*, in the instructions.**Note:** If the account is in more than one name, see the instructions for line 1.Also see *What Name and Number to give the requestor* (in the W-9 instructions) for guidelines on whose number to enter.**Social Security Number (SSN)**

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or

**Employer Identification Number (EIN)**

		-								
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**Part II Certification** Please complete Page 2 for voluntary Self-Certification of your Ownership Category and Businesses Characteristics. →

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for number to be issued to me); and
- 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 of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certifications instruction** You must cross out item 2 above 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II.**The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**Go to: [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for IRS instructions and the latest information.**Sign  
Here** Signature of  
U.S. person

Date ►

Organization Name: \_\_\_\_\_

**VOLUNTARY Business Characteristics and Category Self Certification**

Rev 8/1/2022

*In an effort to help us understand and measure AHEC's diverse vendor relationships, you are invited to provide additional information about your company. We are reviewing levels of participation by women, minorities, small businesses, local businesses, and other impacted groups doing business with AHEC. Please provide the appropriate ownership category for your company, as well as any characteristics of your business you would like to share.*

*"Owned" in the context below means a business that is at least 51 percent owned by an individual(s) who also control(s) and operate(s) it. "Control" in this context means exercising the power to make policy decisions. "Operate" means actively involved in the day-to-day management. If your business is jointly owned by both men and women, or is a large publicly held corporation, please check the box labeled "Other" and put "Not Applicable" in the details box.*

**Business Characteristics (Mark X for all that apply)**

Please select any appropriate characteristics for your business below.

**\*Certification available**

- |                                                  |                                                                          |
|--------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Alumni-Owned            | <input type="checkbox"/> Woman-Owned*                                    |
| <input type="checkbox"/> Asian-Owned             | <input type="checkbox"/> Worker-Owned                                    |
| <input type="checkbox"/> Black-Owned             | <input type="checkbox"/> Located in Colorado                             |
| <input type="checkbox"/> Disabled-Owned (DOBE)*  | <input type="checkbox"/> Benefits Offered: Health insurance to employees |
| <input type="checkbox"/> Immigrant-Owned         | <input type="checkbox"/> Benefits Offered: Paid time off                 |
| <input type="checkbox"/> Latino-Owned            | <input type="checkbox"/> Environmentally sustainable practices used      |
| <input type="checkbox"/> LGBTQBE-Owned (LGBTBE)* | <input type="checkbox"/> Hire people with barriers to employment         |
| <input type="checkbox"/> Minority-Owned*         | <input type="checkbox"/> Pay a living wage                               |
| <input type="checkbox"/> Native American-Owned   | <input type="checkbox"/> Social Enterprise                               |
| <input type="checkbox"/> Refugee-Owned           | <input type="checkbox"/> Unionized workers                               |
| <input type="checkbox"/> Veteran-Owned*          | <input type="checkbox"/> Other Please provide details in the box below:  |

**Business Size (# Full Time Employees)**

- |                                           |                                             |
|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 1-25 Employees   | <input type="checkbox"/> 101-250 Employees  |
| <input type="checkbox"/> 26-100 Employees | <input type="checkbox"/> Over 250 Employees |

**Certifications (Mark X for any certifications your company has)**

**Small Business Information:** *A Small Business is a business that is organized for profit, is independently owned and operated and not dominant in their field of operation.*

**Small Business Concern (SBC):**

- |                                                             |                                                                                 |
|-------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Small Disadvantaged Business (SDB) | <input type="checkbox"/> Woman-Owned Small Business (WOSB)                      |
| <input type="checkbox"/> HUBZone Small Business (HUB Zone)  | <input type="checkbox"/> Veteran-Owned Small Business (VOSB)                    |
| <input type="checkbox"/> SBA 8(a) and Small Business Mentor | <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SDVOSB) |
| <input type="checkbox"/> Protégé Program 8(a)               |                                                                                 |

**Large Business Concern (LBC):**

- |                                                               |                                                                |
|---------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Minority-Owned Bus. Enterprise (MBE) | <input type="checkbox"/> Woman-Owned Business Enterprise (WBE) |
|---------------------------------------------------------------|----------------------------------------------------------------|

**Other Certifications:** *Provide details, below for any additional certifications (not listed above).*

## Additional Descriptive Information

**Alumni-Owned** - A business owned by an alumna/alumnus of the Community College of Denver, the Metropolitan State University of Denver or the University of Colorado Denver.

**Disabled-Owned** - (DOBE) A disability-owned business enterprise is a for profit business that is at least 51% owned, managed and controlled by a person with a disability.

(From <https://disabilityin.org/what-we-do/supplier-diversity/>)

**Large Business Concern** - (LBE) An organization that exceeds the small business size code standards established by the SBA as set forth in the Code of Federal Regulations, Title 13, Part 121.

**LGBTQ-Owned** - Be at least fifty-one percent (51%) owned, operated, managed, and controlled by an LGBT person or persons who are either U.S. citizens or lawful permanent residents. (From <https://www.nglcc.org/get-certified>)

**Living Wage** - The minimum income needed to meet basic needs for an individual. The remuneration received for a standard workweek by a worker in a particular place sufficient to afford a decent standard of living for the worker and her or his family. Elements of a decent standard of living include food, water, housing, education, health care, transportation, clothing, and other essential needs including provision for unexpected events.

(From [Globallivingwage.org](http://Globallivingwage.org))

**Located in Colorado** - The business must be registered with a Colorado address with the Colorado Secretary of State.

**Minority** - An individual who is a U.S. citizen with at least one quarter of the following: African-American/Black, Asian-Indian, Asian-Pacific, Hispanic/Latin-American, Native American.

(From <https://nmsdc.org/mbes/what-is-an-mbe/>)

**Minority-Owned** - A business with at least 51% minority ownership and management of the day-to-day operations.

**Social Enterprise** - A social enterprise is an organization or initiative that marries the social mission of a non-profit or government program with the market-driven approach of a business.

(From <https://www.sbventures.org/social-enterprise-alliance>)

*Typically they reinvest or donate profits for environmental or social change.*

**Small Business Concern** - (SBE) an organization that falls within the small business net worth and code standards established by the SBA as set forth in the Code of Federal Regulations, Title 13, Part 121.

**Veteran-Owned** - At least 51% of the business must be directly and unconditionally owned by one or more Veteran(s) or Service-disabled Veteran(s). (From <https://www.va.gov/osdbu/verification/>)

**Woman-Owned** - At least 51% owned and controlled by women who are U.S. citizens. Have women manage day-to-day operations who also make long-term decisions.

(From <https://www.sba.gov/federal-contracting/contracting-assistance-programs/women-owned-small-business-federal-contracting-program#section-header-6>)

**Worker-Owned** - A company owned and controlled by the people who work there. This business type is often called a worker cooperative. Because it is self-managed by the workers, it is usually a values-driven business putting the workers and community at the core of their strategic objectives.