

EMAIL completed form to:
upvendor@up.com



Union Pacific Railroad
Substitute W-9 / New Vendor Request Form

**** NOTE:** Payments will be held until a valid TIN is received **

Or fax completed form to:
(402) 233-3394

Questions? Call (402) 544-2729

Name (as shown on your income tax return)

Business Name, if different from above (DBA)

Remittance Address

Remittance E-mail Address

City, State and ZIP code

Phone Number
()

Check appropriate box for federal tax classification (required):

- Individual/Sole Proprietor
 C Corporation
 S Corporation
 Partnership
 Trust/Estate
 Limited Liability Company. Enter the classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
 Other

Are you currently subject to backup withholding?

- Yes No

Exempt payee code (if any) _____

FATCA exemption code (if any) _____

Part 1 Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). The TIN provided must match the name as shown on your income tax return.

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Employer Identification Number (EIN)	Social Security Number (SSN)
____-____-____	____-____-____

Part 2 Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a 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 or 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, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. 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. Generally, for payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature	Telephone Number
_____	_____
Printed Name	Date
_____	_____

Part 3 Bank Account Details (Required in order to receive payments via ACH)

Bank Routing Number	Bank Account Number
____-____-____	_____
Second Contact (from within your organization)	Telephone Number
_____	()

If a second contact cannot be provided, please fax a copy of a voided check with this form.

Part 4 Other Vendor Information

Company is more than 50% owned, controlled, or actively managed by a:	If "Minority Owned" please check ONE of the following:
<input type="checkbox"/> Woman Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> Other _____ <input type="checkbox"/> None of the above	<input type="checkbox"/> African American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Other _____

Certification Agency _____ **Certification Number** _____ **Expiration Date** ____/____/____

*Certification agencies act on behalf of the government to ensure that a business is actually owned/managed by a minority.