E THE	Smith	son	ian	Ins	tituti	on	Vend	dor	Enro	llm	ent	
Vendor Action	Create NEW Change Existing Vend						or#					
Vendor Type (Check One)	Supplier		Other Government Agency									
Vendor Name							TIN/ITI or SSN					
Short Name			(May be changed by OC)				DUNS #					
Short Name	RE	MIT TO			for check of				7).			
					rsement m							
Remit To Address		,		022000		<u>)</u>	<u>-</u>	p				
City										Zip		
Contact Name							Phone					
Email							FAX					
				Buv 1	From Addr	ess						
Buy From Address				24, 2	1011111441							
City							State					
•									Zip			
	Contact Name							Phone				
Email		n	•.	M-21'- 4	3.1	FAX						
	1		Bu	siness	Mailing A	ddre	ess					
Business Address												
City					State			Zip				
Contact Name							Phone					
Email							FAX					
			<b>Busines</b>	s Type	e (check all	that	apply)					
8(a) Program Participant Construction Firm								Munici	pality			
American Indian Owned			Educational Institution				Nonprofit Organization					
HUB Zone Firm (*See note below)			Emerging Small Business				Research Institution					
Minority Owned Business			Foreign Supplier				S Corporation					
Large Business			Historically Black College/Univ				Service Location					
Small Business			Labor Surplus Area Firm				Sheltered Workshop (JWOD Supplier)					
Small Disadvantaged Business			Limited Liability Company				Tribal Government					
Woman Owned Business			Manufacturer of Goods					Hospita	al			
Veteran Owned Business			Minority Institution									
Service Disabled Veter												
(*Note: HUB Zone Firm is a	Historically Und				-	a •	· 60					
		NI	inority (	Owned	d Business	Speci	ific Types					
Subcontinent Asian (Asian-Indian) American Owned			Asian-Pacific American O			d		Black American Owned		ed	d	
Hispanic American Owned			Native American Owned				No Representation/None of the Above					
		TAX	and Wit	thhold	ing Inform		ı (check oı	ne)				
1099 Recipient	Yes No			1042 Recipient		Yes No						
1099 Code (check one)	Rents	Ro	Royalties		Prizes and Awards		Health Care		Nor	Non-employee Compensation		
Federa	l Taxes will	be with	held for	Vend	ors withou	t TIN	V/ITINS do	oing bu	usiness in tl	he U.S.	•	
Withholding Tax Rate Exempt Code							Country Code					
	'			RF	EQUIRE	)						
Vendor Authorized												
Signer Name							Phone	e				
Title												
Vendor Signature	X											
	S	MITH	ISONIA	AN IN	NSTITUT	OL	N USE O	NLY	7			
SI Unit Contact Name:			3 31 (11)	,	DEPT ID		· JUL O		Phone			
					Ш							
Special Instructions to OC												