

# Supplier Form



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## Substitute W9\*

\*You can use a W9 form instead of this page.

The W9 form and the instructions can be found here <http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3>

**Name:** (as shown on your income tax return)

**Business Name:** if different from above

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### Federal Tax Identification Number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
taxpayer identification number  
for employers and other business types

OR

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
social security number for individuals

### Please Check Appropriate Box:

- Individual/Sole Proprietor
- Corporation
- Partnership
- Limited liability company. D=disregarded entity
- Limited liability company. C=corporation
- Limited liability company. P=partnership
- Other  ►

### Exempt payee

Yes  No

Please attach the exemption form

**Tax Reportable Address:** (Please ensure that this is the tax reportable address that matches the name and Federal Tax Identification Number provided above)

|                |                       |                    |
|----------------|-----------------------|--------------------|
| Address Line 1 |                       |                    |
| Address Line 2 |                       |                    |
| City           | State/Province/Region | Zip or Postal Code |
| Country        |                       | Fax Number         |

### Under penalties of perjury by signing below I certify that:

- (1) 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
- (2) 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 Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person.

**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. 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.

\_\_\_\_\_  
Signature Date Telephone Number

Please print name of signatory

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## Remittance and Insurance Information

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

Remittance Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Person/Title/Phone #/ E-mail:

Customer Service Phone Number: \_\_\_\_\_

Customer Service Fax Number: \_\_\_\_\_

A. Do you have a professional license? If so, state what kind of license it is and by whom it was issued.

\_\_\_\_\_

B. Check all boxes that indicate what types of insurance you have and provide dollar limits for each.

Worker's Compensation \_\_\_\_\_ Umbrella Liability \_\_\_\_\_

Comprehensive General Liability \_\_\_\_\_ Professional Liability \_\_\_\_\_

Comprehensive Automobile Liability \_\_\_\_\_ Fidelity Bond \_\_\_\_\_

C. Briefly describe the work to be performed by your company.

\_\_\_\_\_

D. Are you currently employed by a branch of government? If so, which branch are you affiliated with? \_\_\_\_\_

# Supplier Form



**Company Information:** Federal Procurement regulations require that we update our supplier file. Therefore, it is essential that you respond to this request. Failure to return this form or failure to respond to this section will result in your company being classified as a **Large Business** concern.

|   |                             |
|---|-----------------------------|
| <b>Name</b>   | Please check all that apply |
| <p><b>This company is a Small business</b><br/>                 SMALL BUSINESS is defined as: a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation, and qualified as a small business under the criteria and size standards in 13 CFR Part 121. Refer to Small Business Administration (SBA) for business size regulations at <a href="http://www.sba.gov/size/indexableofsize.html">www.sba.gov/size/indexableofsize.html</a> ; see SBA's revised size standards (search by type of business you are in) <a href="http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf">http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf</a> and see the Federal Acquisition Regulation - (FAR) Part 19 for compliance <a href="http://www.arnet.gov/far/">http://www.arnet.gov/far/</a> These e-links also provide valuable guidance for competing this certification.</p> |                             |
| <p><b>This company is a Large business</b></p>  |                             |
| <p><b>Small Disadvantaged Business Concern</b> (if other than self certification please submit copy of SBA's certification with this form)</p>  |                             |
| <p><b>8 (A) Small Business Concern</b> (if other than self certification please submit copy of SBA's certification with this form)</p>  |                             |
| <p><b>Women-Owned Small Business</b><br/>                 WOMEN-OWNED BUSINESS CONCERN is defined as: a business concern which is at least 51% owned by one or more women; or in the case of any publicly owned business, at least 51% of the stock is owned by one or more women, and whose management and daily business operations are controlled by one or more women. See FAR Part 19 for details.</p>   |                             |
| <p><b>Hubzone Small Business</b> (if other than self certification please submit copy of SBA's certification with this form)<br/>                 HUBZone SMALL BUSINESS CONCERN is defined as: a historically under-utilized business zone, which is an area located within one or more qualified tracts, qualified non-metropolitan counties, or lands, within the external boundaries of an Indian reservation. A HUBZone small business concern that appears on the List of HUBZone Small Business Concerns maintained by the Small Business Administration (SBA). Small Business Administration HUBZone locator <a href="https://eweb1.sba.gov/hubzone/internet/">https://eweb1.sba.gov/hubzone/internet/</a></p>  |                             |
| <p><b>Veteran-Owned Small Business</b><br/>                 VETERAN-OWNED SMALL BUSINESS CONCERN is defined as: a small business concern not less than 51% of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more veterans; and the management and daily business operations of which are controlled by one or more veterans.</p>   |                             |
| <p><b>Service-Disabled Veteran-Owned Small Business</b><br/>                 A Service-Disabled Veteran-Owned Small Business<br/>                 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS CONCERN is defined as: a small business concern not less than 51% of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51% of the stock of which is owned by one or more service-disabled veterans; and the management and daily business operations of which are controlled by one or more service-disabled veterans, or in the case of a service-disabled veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. Service-disabled means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service-connected, as defined in 38 U.S.C. 101(16).</p>  |                             |
| <p><b>NAICS (formerly SIC) Code(s)</b> <a href="http://www.census.gov/eos/www/naics/">http://www.census.gov/eos/www/naics/</a></p>  |                             |

In order to comply with the Federal Government requirements and policy regarding the procurement of goods and services from various classes of suppliers and services, our company requires accurate answers to the questions outlined above. We will rely upon the accuracy of the information you submit to us when we file reports to Government agencies. The undersigned certifies the information provided above is correct to the best of his/her knowledge.

\_\_\_\_\_  
 Signature Date Telephone Number

\_\_\_\_\_  
 Please print name of signatory

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 Financial Transaction Center  
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 Cambridge MA 02139  
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 Fax 617-679-7446