

ENCOMPASS SUBCONTRACTOR/VENDOR QUESTIONNAIRE

Check One:	<input type="checkbox"/> New [a completed W-9 or W-8 must accompany this form] <input type="checkbox"/> Address Change
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SUBCONTRACTOR/VENDOR PROFILE AND CAPABILITIES

Unique Entity ID (SAM)	Legal Name of entity: <small>Enter legal name</small> Doing Business As (if applicable):	1099 Reportable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have:	<input type="checkbox"/> Employer Identification No. (EIN) <u>OR</u> _____	<input type="checkbox"/> Social Security Number _____
Legal Status: (check one)	<input type="checkbox"/> Corporate (not tax exempt) <input type="checkbox"/> Corporate (tax exempt) <input type="checkbox"/> Partnership	<input type="checkbox"/> International Organization (per 26 CFR 1.6049-4) <input type="checkbox"/> Individual/Sole Proprietorship or single-member LLC <input type="checkbox"/> Other:
Type of Business:	<input type="checkbox"/> Consultant/SME <input type="checkbox"/> Service Company <input type="checkbox"/> International Consultant/SME	<input type="checkbox"/> Staffing Company/Contract Labor <input type="checkbox"/> Other:
Consultants Only:	Have you had clients over the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list 3 recent clients:
Individuals/Sole Proprietor Only	Individual/Sole Proprietor <input type="checkbox"/> is <input type="checkbox"/> is NOT a: <input type="checkbox"/> CURRENT or <input type="checkbox"/> FORMER employee of any U.S. Government entity or International Government entity	
Government Employment:	If yes, please specify: Current/Former Government Employer: _____ Separation Date (If Former): _____	

Are you able to receive US Dollars (USD) through your bank? Yes No

PAYMENT ADDRESS

AGREEMENT ADDRESS

SAME AS REMIT ADDRESS

Street Address:			Street Address:		
City:	State:	Zip/Postal Code	City:	State:	Zip/Postal Code
Country:			Country:		
Accounts Receivable Contact Name:	Telephone No:		Contract Contact Name:	Telephone No:	
Email Address:	Fax No.:		Email Address:	Fax No.:	

SUBCONTRACTOR/VENDOR BUSINESS SIZE CERTIFICATION

PRIMARY NAICS CODE FOR CERTIFICATION: <https://www.sba.gov/size>
This code will determine your default classification and is based on the type of work you are most likely to perform for EnCompass. If you do not know your primary NAICS, go to: <http://www.census.gov/eos/www/naics/> to determine business size, contact your local SBA

<input type="checkbox"/> Small Business (SB) <input type="checkbox"/> Large Business <input type="checkbox"/> Woman-Owned SB <input type="checkbox"/> Veteran Owned SB	<input type="checkbox"/> Service-Disabled Veteran-Owned SB <input type="checkbox"/> Foreign Owned Business <input type="checkbox"/> Small Disadvantaged Business <input type="checkbox"/> HUBZone SB	<input type="checkbox"/> 8A Certified Small Disadvantaged Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other _____
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By signature below, I hereby certify that the business type and designation indicated above is true and accurate as of the date of execution of this document, and I further understand that under 15 U.S.C. 645(d), any person who misrepresents a business' size status shall (1) be punished by a fine, imprisonment, or both; (2) be subject to administrative remedies; and (3) be ineligible for participation in programs conducted under the authority of the Small Business Act.

Signature and Title (required)

Date