

ENCOMPASS SUBCONTRACTOR/VENDOR QUESTIONNAIRE

Check One:

- New [a completed W-9 or W-8 must accompany this form]
 Address Change

SUBCONTRACTOR/VENDOR PROFILE AND CAPABILITIES

DUNS No.:	Legal Name: d.b.a. (if applicable):	1099 Reportable? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Status: (check one)	<input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corp <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"/> Employer Identification No. (EIN) OR <input type="checkbox"/> Social Security Number <input type="checkbox"/> Staffing Company/Contract Labor <input type="checkbox"/> Other:
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): _____	

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:

Additional NAICS codes/size certification may be provided under separate cover. 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 office <https://www.sba.gov/content/find-local-sba-office>;

<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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