

PARALLAX ADVANCED RESEARCH CORPORATION

VENDOR CERTIFICATION FORM

In accordance with Internal Revenue Service and State of Ohio regulations, Parallax is required to obtain the following information for all businesses and individuals to whom we make payments to. Please fill out all information that applies to you or your business. print, sign and return the completed form to the person you are working with at Parallax. This form is also used to obtain business information and vendor self-certification under the authority of the Small Business Act and should be completed by an authorized agent.

Name As Shown on Tax Form		Doing Business As	
DUNS Number		Cage Code	
Street Address		Federal Employer ID	
City, State		SSN (1099 Vendors)	
Remit to Name and Address (If Different than above)		Primary NAICS Code	
Zip + 4 Digit Code		# of Employees	
Contracts POC		Website	
Contracts Phone			
Contracts Email			

BUSINESS SIZE REPRESENTATION

(select all that apply to NAICS identified above)

<input type="checkbox"/> Large Business	<input type="checkbox"/> Woman Owned Small Business (WOSSB)*	<input type="checkbox"/> Veteran Owned Small Business (VOSB)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Small Business	<input type="checkbox"/> Historically Black College/Minority Institution (HBCU)	<input type="checkbox"/> Service-Disabled Veteran Owned Small Business (SDVOSB)	<input type="checkbox"/> ANC (Alaskan Native Corporation and Indian Tribes that are no Small Businesses)
<input type="checkbox"/> Small Disadvantaged Business (SDB)	<input type="checkbox"/> Historically Underutilized Small Business Zone (HUBZone)	<input type="checkbox"/> Alaskan Native Corporation (ANC) and Indian Tribes not certified by SBA	

*Requires certification with the Small Business Administration (SBA).

**Under 15 U.S.C. 645(d), any person who misrepresents a firm's status in order to obtain a contract to be awarded under the preference programs established pursuant to section 8(a), 9 or 15 of the Small Business Act or any other provision of Federal law that specifically references section 8(d) for a definition of program eligibility, shall – (i) be punished by imposition of fine, imprisonment, or both; (ii) be subject to administrative remedies, including suspension and debarment; and (iii) be ineligible for participation on programs conducted under the authority of the Act.

BUSINESS STATUS

<input type="checkbox"/> C-Corp in the State of _____	<input type="checkbox"/> S-Corp in the State of _____	<input type="checkbox"/> Partnership, LLC, LLP		
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Foreign Owned	<input type="checkbox"/> Local, State, or Federal Government	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Individual

BUSINESS SYSTEM DETERMINATIONS

System	Gov't Reviewed System	Date Determined Acceptable	Cognizant Gov't Audit/Approving Agency	Address and Phone
Accounting				
Estimating				
Property				
Purchasing				

The Vendor has completed representations and certifications via the System for Award Management (SAM) website (<https://www.sam.gov>), and the Vendor certifies that the representations and certifications posted on SAM (and any subsequent changes) are current, accurate, and complete and applicable to any subsequent potential award. The Vendor agrees it is responsible for the accuracy and completeness of the data within SAM and for any liability resulting in Parallax's reliance on inaccurate or incomplete data.

The Vendor has not completed representations and certifications via SAM.gov, or does not certify that those representations and certifications are current, accurate, and complete. The Vendor will complete the Parallax Representations and Certifications form.

CERTIFICATIONS

1. The number shown on this form is my correct taxpayer identification number, 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 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
3. I am a U.S. citizen or other U.S. person (defined below). 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 or dividends, you are not required to sign the certification, but you must provide your correct TIN.
4. In accordance with FAR 52.219-8, "*Utilization of Small Business Concerns*" the Vendor's size standard is current, accurate, and complete as of date of submission.

Name	
Title	
Signature	
Date	

CAPABILITY STATEMENT
(Optional)

VENDOR CAPABILITIES

Empty text area for Vendor Capabilities.

CERTIFICATIONS

Empty text area for Certifications.

PAST PERFORMANCE RATINGS

Empty text area for Past Performance Ratings.

OTHER INFORMATION

Empty text area for Other Information.

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