

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		UEI Number	
Doing Business As		Cage Code	
Address, City, State, ZIP		Federal Employer ID or SSN (1099 Vendors)	
Remit to Name and Address - If Different than above		Primary NAICS Code	
Contract POC		# of Employees	
Contracts Email		Website	
Contracts Phone			

Business Size Representation

Select all that apply to the NAICS indicated above

- | | |
|---|---|
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Historically Black College / Minority Institution (HBCU) |
| <input type="checkbox"/> Small Business | <input type="checkbox"/> Historically Underutilized Small Business Zone (HUBZone) |
| <input type="checkbox"/> Small Disadvantaged Business (SDB) | <input type="checkbox"/> Alaskan Native Corporation (ANC) & Indian Tribes that are not Businesses |
| <input type="checkbox"/> Woman Owned Small Business (WOSB)* | <input type="checkbox"/> ANC and Indian Tribes not Certified by SBA |
| <input type="checkbox"/> Veteran Owned Small Business (VOSB) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Service-Disabled Veteran Owned Small Business (SDVOSB) | |

*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"/> Individual/Sole proprietor or single-member LLC | <input type="checkbox"/> C-Corp in the State of _____ | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Limited Liability Company _____ | <input type="checkbox"/> S-Corp in the State of _____ | <input type="checkbox"/> Foreign Owned |
| <input type="checkbox"/> Local, State, or Federal Government | <input type="checkbox"/> Partnership | |

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

**Parallax Advanced Research Corporation
Automated Clearing House (ACH) Request Form**

Vendor Information

Name - As Shown on Tax Form			
Remittance Address			
Remit to Name and Address - If Different than above			
Contact POC		Phone:	
Contact's Email			

Banking Information

Bank Name			
Address			
City		State	Zip Code
Contact Name		Phone	
ABA Routing #		Account #	

Account Type

Please check only one

Checking

Savings

Vendor Authorization

Please sign below to confirm that you are authorizing Parallax Advanced Research Corporation to begin transferring payments for your invoices to the account mentioned above

Name	Signature
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The remittance information will be sent electronically through a "CTX" file to your bank.

Capability Statement
Optional

Vendor Capabilities

Certifications

Past Performance Ratings

Other Information

Attachment 1. Contract Terms and Conditions Attestations

Exceptions to the terms and conditions of the Opportunity Announcement, including Appendix 1A and 1B, Contract Terms and Conditions.

Applicant chooses to take the exceptions. Yes___ No___. If Yes, all exceptions shall be clearly listed **below**.