



1. Taxpayer Information	
Name as shown on your income tax return	Business Name / DBA - if different
Physical Address - number, street, and apt or suite #	Payment Remit Address - as it appears on your invoice
City State, & Zip Code +4	Congressional District #
	City, State & Zip Code

2. Taxpayer Identification Number - The TIN or SSN provided must match the name given on this form to avoid backup withholding

Taxpayer Identification Number or Social Security Number

Enter your TIN in the box provided. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity refer to the instructions on the W-9 form. For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" on the W-9 form: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Personally Identifiable Information PII - when PII is lost, stolen, or compromised, the potential exists that the information may be used for unlawful purposes such as identity theft or fraud. If you are uncomfortable submitting your Taxpayer Identification Number by email, please leave this portion blank, download a W-9 form, and mail it to Applied Research Associates Corporate Headquarters - address at top of this form.

Check one U.S. Citizen/Partnership, Corporation, Company, or Association created/organized in the USA Resident Alien or Permanent Resident

Check appropriate box

C Corporation S Corporation Individual/Sole Proprietor Non-Profit Trust/Estate Government

Limited Liability Company (LLC) **MUST Select Tax Classification from drop down box:** -LLCs- if blank, form will be returned

Payment Terms - ARA Prefers Net 30: Do you need a 1099 for Tax Reporting? Yes No

3. Accounting Point of Contact Information

Name

Title

Phone Number

Fax Number

Email Address

Web Address

4. Business or Individual Information

Primary NAICS Code (6 digit)

For guidance on NAICS codes refer to: <https://www.census.gov/naics/>

State - City ID (SAM)

DUNS # of Employees

5. Business Description - Provide a brief description of your products or services, or email information to sblo@ara.com:

6. Size Classification - MUST select at least one Size Classification

Other Than Small Large Business

Historically Black Colleges & Universities

Alaska Native Corporation and/or Indian Tribe - Large Business

Small Business - check all subcategories that apply

Individual Consultant

Woman Owned - **Certified by SBA - Include Certification Letter**

Economically Disadvantaged Woman Owned

HUBZone - **Certified by SBA - Include Certification Letter**

Small Disadvantaged Business

Veteran Owned Small Business

Service Disabled Veteran Owned Small Business

Alaska Native Corporation and/or Indian Tribe - Small Business

Other - Please Specify:

Government Agency (Federal, State, or City)

Non-Profit or Trade Association

University or Educational Institution

Direct Affiliate or Interviewee

Minority Owned - **also MUST select Other Than Small, Large or Small Business**

If you have difficulty ascertaining your size status, please call 1-800-827-5722, or refer to Small Business Administration's website at <https://www.sba.gov/>. Under 15 U.S.C. 645(d), any person who misrepresents its 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. Some definitions from FAR, Part 19 and Part 26 are provided on the reverse side of this form. The business size selected is for all locations associated with the Federal ID Number on this form.

7. Certification This form does not obligate ARA or guarantee any business.

Under penalties of perjury, I certify that:

- 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
- 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.

Name & Title of Authorized Representative	Signature of Authorized Representative	Date



8. Declarations

a. Active Exclusions in System for Award Management (SAM)

1. Do you have any Active Exclusions in SAM (System for Award Management)? Yes No

b. Reporting Executive Compensation

1. In your business or organization’s preceding completed fiscal year, did your business or organization (the legal entity to which the DUNS number provided belongs) receive: Yes No
a. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and
b. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

If Yes, proceed to question #2. If No, skip and go to Section c.

2. Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which the DUNS number provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No

c. Covered Telecommunications Equipment/Services - Representation

- 1. Definitions. As used in this provision, “covered telecommunications equipment or services” has the meaning provided in the clause FAR 52.204-25, Prohibition on Contracting for Certain Telecommunications and Video Surveillance Services or Equipment (Aug 2020).
2. Representation. Seller represents that it does, does not provide covered telecommunications equipment or services to Applied Research Associates, Inc. in the performance of any contract or other contractual instrument.

Name as shown on your income tax return

Business Name / DBA - if different

Name & Title of Authorized Representative

Signature of Authorized Representative

Date



DEFINITIONS

SIZE CLASSIFICATION

The Table of Small Business Size Standards lists size standards matched to industries described in the North American Industry Classification System (NAICS). SBA has established numerical definitions, or "size standards" for all for-profit industries. Size standards represent the largest size that a business (including its subsidiaries and affiliates) may be to remain classified as a small business concern.

NAICS CODE

The NAICS, or North American Industry Classification System, provides a method for describing the industries to which organizations belong. The NAICS replaced SIC codes in 1997.

SMALL BUSINESS

"Small business concern" means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding on government contracts, and qualified as a small business under the criteria and size standards in 13 CFR Part 121 (see FAR 19.102).

WOMAN OWNED SMALL BUSINESS

"Woman-owned small business concern" means a small business concern that is at least 51 percent owned by one or more women, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women. In addition, one or more women must control the management and daily business operations.

ECONOMICALLY DISADVANTAGED WOMAN OWNED SMALL BUSINESS

A small business concern that is at least 51 percent directly and unconditionally owned by, and the management and daily business operations of which are controlled by, one or more women who are citizens of the United States and who are economically disadvantaged in accordance with 13 CFR part 127. It automatically qualifies as a women-owned small business (WOSB) concern eligible under the WOSB Program.

VETERAN OWNED SMALL BUSINESS

"Veteran-owned small business concern" means a small business concern that is at least 51 percent owned by one or more veterans (as defined at 38 U.S.C. 101 (2)) or, in the case of any publicly owned business, at least 51 percent of the stock is owned by one or more veterans. In addition, one or more veterans must control the management and daily business operations.

SERVICE DISABLED VETERAN OWNED SMALL BUSINESS

"Service disabled veteran owned small business concern" means a small business concern that is at least 51 percent owned by one or more service-disabled veterans (as defined in 38 U.S.C. 101 (16)), or in the case of any publicly owned business at least 51 percent of the stock is owned by one or more service-disabled veterans. In addition, the management and daily business operations must be controlled by one or more service-disabled veterans. In the case of a permanent and severe disability, the spouse or caregiver of such service disabled veteran may control the management and daily operations.

HUBZone SMALL BUSINESS

"HUBZone small business concern" means a small business concern that has been certified by SBA as a HUBZone Small Business, is located in a Historically Underutilized Business Zone and hires employees who live in a HUBZone. If a business certifies that it is a HUBZone small business, ARA must verify it in a list of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration. **You must provide us with your HUBZone Notification Letter.**

SMALL DISADVANTAGED BUSINESS

"Small disadvantaged business concerns" means a small business concern that has received certification as a small disadvantaged business concern consistent with 13 CFR 124, Subpart B; No material change in disadvantaged ownership and control has occurred since its certification; Where the concern is owned by one or more individuals, the net worth of each individual upon whom the verification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and It is identified, on the date of its representation, as a certified small disadvantaged business in the database maintained by the Small Business Administration.

ALASKA NATIVE CORPORATION

"Alaska Native Corporation (ANC)" means any Regional Corporation, Village Corporation, Urban Corporation, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act, as amended (43 U.S.C. 1601, et seq.) and which is considered a minority and economically disadvantaged concern under the criteria at 43 U.S.C. 1626(e)(1). This definition also includes ANC direct and indirect subsidiary corporations, joint ventures, and partnerships that meet the requirements of 43 U.S.C. 1626 (e)(2).

INDIAN TRIBE

"Indian tribe" means any Indian tribe, band, group, pueblo, or community, including native villages and native groups (including corporations organized by Kenai, Juneau, Sitka, and Kodiak) as defined in the Alaska Native Claims Settlement Act (43 U.S.C.A. 1601 et seq.), that is recognized by the Federal Government as eligible for services from the Bureau of Indian Affairs in accordance with 25 U.S.C. 1452(c). This definition also includes Indian-owned economic enterprises that meet the requirements of 25 U.S.C. 1452(e)



AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS (ACH CREDIT)

CHECK ONE:

ADD

CHANGE

DELETE

(New Automatic Credit Participant) (Financial Institution and/or Account #)

(Cancel Electronic Deposits)

VERIFICATION - Information on this form is subject to additional verification, including confirmation via phone call.
CHANGES - For ACH Changes, Vendors may be asked to provide the last Invoice Number and/or Purchase Order Number in order for Change to be processed.

I (we) hereby authorize Applied Research Associates, Inc. - hereinafter called COMPANY, to make payments of any amounts owing to me (us) by initiating credit entries in my (our) account indicated below in the Bank - Financial Institution named below, hereinafter called BANK, AND I (we) authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

BANK - FINANCIAL INSTITUTION NAME

If Unable to Type - Please Print

ROUTING NUMBER (ABA#)

DEPOSITOR ACCOUNT NUMBER

CHECKING

SAVINGS

Deposit slip not required.
Routing Number (ABA#) MUST be specified above.

It is understood that I (we) may terminate this agreement at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and in reasonable time to act on it.

VENDOR / CUSTOMER / COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

AUTHORIZED OFFICIAL NAME

TITLE

SIGNATURE

DATE

RETURN COMPLETED & SIGNED FORM TO:

Applied Research Associates, Inc. - 4300 San Mateo Blvd. NE, Suite A220 - Albuquerque, NM 87110
For expedited processing, email the completed/signed form to APsupport@ara.com