PROGRAMMING

Data Entry Notes:

Classification: Programming Paygroup: HQ Programming



Must Check One					
New Partner	[]			
Existing Partner*	[]			
*Vendor #:		_			

ACCOUNTS PAYABLE SHARED SERVICES

Comcast Cable Partner Profile Form

Completion of this form is REQUIRED for additions or changes to a supplier master profile.

Note: If you are a multi-dwelling unit property owner, multi-dwelling unit developer, condominium or homeowners association only fill in Sections: A, B, D, and H.

	Section A: Comp	pany Information
Legal Company name:		
		·
i none number.	· ————————————————————————————————————	website.
Point of Contact:	·	Title:
Email:		Phone:
Interest in EDI:	Yes [] No []	
	Section B: Partner Bank Information	
Note: It is	the responsibility of the Partner to notify C	Comcast immediately if banking information changes
Name on Account:	·	Bank Name:
ABA Number:		Account Number:
Remittance Advice Email:		
Secti	on C: Ownership	Section D: Tax Payer Classification
Business 51% Owned/Con	•	Sole Proprietership [] Limited Partnership []
Minority Owned []	Woman Owned []	General Parternship [] Corporation []
[] African American	HUBZone Small Business []	Section E: Business Classification
[] Asian/Indian American	Veteran Owned []	Small Business [] Large Business []
1	Service Disabled Vet. Owned []	Privately Owned [] Non Profit Org. [] Publicly Owned [] N/A []
[] Hispanic American [] Native American	Small Disadvantaged Owned [] N/A []	Subsidiary of Above Named Parent [] Independent [
[] Other:		Division of Above Named Parent []
		Affiliate of Above Named Parent []
	Section F: Typ	
[] Contractor	[] Factory Rep. [] Retail De	
[] Distributor	[] Manufacturer [] Service F	Provider [] Other:
] 14/7	Section G: Certification As a Ethi	nic or Woman Owned Enterprise
If applicable, indicate the age		ertified as a ethnic or woman owned enterprise, or as a small busine
	of your certification. COPY OF CERTIFICA	
Date		Date Specify Locality/Agency
[] Small Business Administration: (Indicate the locality): [] NMSDC Affiliated Council (List the council name and phone): For listing of council(s) in		of council(s) in
[] Women's Business Enterpr	rise National Council: www.wbenc.org	
Other (Specify):		
The Certification attached app		
The Current Address listed above only. All locations of the Parent Company listed above.		Other Locations (List):
All locations of the Parent V	Company listed above.	[] N/A
	Section H: Verificat	tion of Information
Name of Authorized Rep (Print)		Email Address
Date		Title of Authorized Rep

(Rev. October 2007 Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

2	Name (as shown on your income tax return)							
n page	Business name, if different from above							
Print or type c Instructions on	Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership ☐ Other (see instructions) ▶		Exempt payee					
Print ic Inst	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)						
P Specific	City, state, and ZIP code							
See	List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.		esident ties, it is	Social security number					
	If the account is in more than one name, see the chart on page 4 for guidelines on whoser to enter.	e	Employer id	entification number				
Part	Certification							
Under	penalties of perjury, I certify that:							
	ne number shown on this form is my correct taxpayer identification number (or I am waitin	•		**				
2 1 6	ym not aubiggt to backup withholding bacques; (a) I am ayampt from backup withholding	or (b) I have	not boon n	atified by the Internal				

- 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 and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Signature of Here U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

• The U.S. owner of a disregarded entity and not the entity,