

## Board of Governors of the Federal Reserve System

Profile Board of Governors of the Federal Reserve ...

### Supplier Information

#### Supplier Information Form

Board of Governors of the Federal Reserve System  
OMB No. 7100-0180  
Approval Expires May 31, 2022

#### General Information

- Doing business with?  Federal Reserve Board  
 Federal Financial Institutions Examination Council  
 Both FRB and FFIEC

\* Legal Entity Name

Name as shown on Income Tax Return

Doing Business As (DBA) Name

This is the supplier's registered business or Doing-Business-As (DBA) name. This only applies to suppliers with taxable income.

Parent Company Name

Please provide if applicable

Location of Registered Office

Indicate location of supplier's registered office, if it is local (U.S.) or foreign (International).

- How did you meet the Board?  Advocacy Group  
 Outreach Event  
 Other

Specify how did you meet the Board?

- Size of Business  Small  
 Large

For details on Small Business Size Standards, go to:  
<https://www.sba.gov/category/navigation-structure/contracting/contracting-officials/small-business-size-standards>

Scope Three Emissions

Website

## Supplier Type

---



- \* **Supplier Type**  Non-Taxable  
 Taxable

- \* **Taxable - Type**  Corporation-Limited Liability Corporation (LLC)  
 Corporation-S Corporation  
 Foreign Corporation  
 Educational Institution  
 Trust/Estate  
 Non-profit Organization  
 Partnership  
 Foreign Partnership  
 Sole Proprietorship  
 Individual  
 Foreign Individual  
 Speaker (Paid for services)  
 Corporation

Select the option that corresponds to your Legal Entity Name.

---

\* Primary Contact

* Contact Purpose	Select Some Options	
* First Name	<input type="text"/>	
* Last Name	<input type="text"/>	
* Email address	<input type="text"/>	
* Mobile Phone	US/Canada <input type="text"/>	<small>650-555-1212</small>
Work Phone	US/Canada <input type="text"/>	<small>650-555-1212</small>




Please provide contact information for your Procurement personnel

## Contacts

Add one or more Contacts.

Add Contact

Secondary Contact


* Contact Purpose	Select Some Options		
* First Name	<input type="text"/>		
* Last Name	<input type="text"/>		
* Email address	<input type="text"/>		
* Mobile Phone	US/Canada <input type="text"/>	<small>650-555-1212</small>	
Work Phone	US/Canada <input type="text"/>	<small>650-555-1212</small>	

Please provide contact information for your Accounting personnel

Please enter the email address to which you'd like Purchase Order notifications be sent.

PO Email Address  

## Primary Address

Address Purpose	<input type="text"/>	
<b>Region</b>		
Country/Region	<input type="text"/>	
State Region	<input type="text"/>	
Address Name	<input type="text"/>	
Street Address	<input type="text"/>	
Street Address 2	<input type="text"/>	
City	<input type="text"/>	
Postal Code	<input type="text"/>	
Location Code	<input type="text"/>	

Please ensure your Primary Address is the same as your Tax Reporting Address.

---

## \*Tax Registrations

---

Use this section to add all your applicable tax registrations.

### Add Tax Registration


DUNS Number  

Please provide Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number if available

Unique Entity Identifier  
(UEI)

Please provide Unique Entity Identifier (UEI) if available

### \* Tax Registration

Country	<input type="text"/>	
Tax ID	<input type="text"/>	
Local	<input type="checkbox"/>	

This is the supplier's taxpayer identification number. Select your country and provide your taxpayer identification number. If you are an individual, provide your Social Security Number (SSN).

\* Federal Tax Form

\* Type

\* Attachments [Add File](#)

Local suppliers select W-9 and Foreign suppliers select W-8 and attach your applicable tax form.

\*Local individual suppliers must submit Internal Revenue Service (IRS) Form W-9 (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>).

\*Local suppliers must submit Internal Revenue Service (IRS) Form W-9 (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>).

\*Foreign individual suppliers must submit IRS Form W-8BEN and Form 8233 (<http://www.irs.gov/Forms-&-Pubs>). However, foreign individuals who provided personal services only (for example, speaker providing services) must only submit Form 8233.

\*Other foreign suppliers (not individuals) must submit appropriate IRS Form(s) (e.g., W-8BEN-E, W-8CE, W-8ECI, W-8EXP, W-8IMY, or others) (<http://www.irs.gov/Forms-&-Pubs>).

\*Foreign suppliers are required to submit tax form(s) every tax year. Without these forms, the Board is required to withhold 30% taxes from foreign suppliers compensation payments. It is the supplier's responsibility to review and complete these forms to determine whether or not a tax treaty exists between U.S. and the supplier's country and to determine whether or not the supplier is exempt from taxes.

Form 8233

Effective Date

Expiration Date

Attachments [Add File](#)

Description

W-14: Foreign contracting parties seeking to claim an exemption from withholding on specified federal procurement payments, in whole or in part, from the 2% tax imposed by Section 500C should upload a copy of the Form W-14. A specified federal procurement payment is any payment made pursuant to a contract with a foreign contracting party that is for goods manufactured or produced or services provided in a foreign country that is not a party to an international procurement agreement with the United States. Form W-14 is required when requested by the Board, whether or not you are claiming an exemption, in whole or in part, from withholding under section 5000C.

Form W-14  No file chosen

Attach the completed form here.

International Tax Classification

For details on International Tax Classification Standards, go to: Page 33, <https://www.irs.gov/pub/irs-pdf/i1042s.pdf>

## Remit-to/Banking Information

---

**Mode of Payment:**

1. Electronic Funds Transfer (EFT) (Default mode of payment; only applies to suppliers with U.S. bank accounts.)

2. Wire payment is only applicable to foreign corporations or foreign speakers. The Board will not make a wire payment directly to a foreign beneficiary bank. The foreign beneficiary bank used for wire payment must have a U.S. correspondent bank that will accept payment and forward to the foreign beneficiary bank in order to process this. Enter the account number and International Bank Account Number (IBAN). Enter foreign beneficiary bank's Society for Worldwide Interbank Financial Telecommunication (SWIFT) and/or Bank Identifier Code (BIC), name, and address. Enter U.S. correspondent bank's ACH 9-digit routing/ABA number, name, and address.

3. Check - Only used if EFT or U.S. Correspondent Bank on wire payments to foreign corporation or speakers is not available; must provide valid requirement on why check is requested and must be approved by the Board. • Check will be mailed to the remittance address provided below. • For foreign suppliers, check cashing fees with foreign banks will NOT be included in the payment unless negotiated per the contract.

**Mode of Payment**  Electronic Funds Transfer (EFT)

Wire

Check

**Select any one option to provide Bank details**  Electronic Funds Transfer (EFT)

Wire

Check

Suppliers should select the same option for 'Mode of Payment' and 'Select any one option to provide Bank details' fields

**Are you a 1099 Reportable Supplier?**  Yes

No

If yes, please ensure your provided Remit to Address is also your 1099 reportable address.

---

Select any one option to provide Bank details  Electronic Funds Transfer (EFT)  
 Wire  
 Check

Suppliers should select the same option for 'Mode of Payment' and 'Select any one option to provide Bank details' fields

Are you a 1099 Reportable Supplier?  Yes  
 No

If yes, please ensure your provided Remit to Address is also your 1099 reportable address.

## Remit-To Addresses

Add one or more Remit-To Addresses by either filling out a new Compliant Invoicing Form or choosing an Existing Remit-To Address.

[Add Remit-To](#)

### Remittance Information

Address Name	<input type="text"/>
Street Address	<input type="text"/>
Street Address 2	<input type="text"/>
Postal Code	<input type="text"/>
City	<input type="text"/>
State Region	<input type="text"/>
Country/Region	<input type="text"/>
Account Type	<input type="text"/>
	Please use Checking or Savings
Beneficiary Name	<input type="text"/>
Bank Name	<input type="text"/>
Bank Account Number	<input type="text"/>
Bank Routing Number	<input type="text"/>
Bank Address	<input type="text"/>
Bank City	<input type="text"/>
Bank State or Region	<input type="text"/>
Bank Postal Code	<input type="text"/>
Bank Country/Region	<input type="text"/>



Select any one option to provide Bank details

- Electronic Funds Transfer (EFT)
- Wire
- Check

Suppliers should select the same option for 'Mode of Payment' and 'Select any one option to provide Bank details' fields

Are you a 1099 Reportable Supplier?

- Yes
- No

If yes, please ensure your provided Remit to Address is also your 1099 reportable address.

## Remit-To Addresses

Add one or more Remit-To Addresses by either filling out a new Compliant Invoicing Form or choosing an Existing Remit-To Address.

**Add Remit-To**

### Remittance Information

Address Name	<input type="text"/>
Street Address	<input type="text"/>
Street Address 2	<input type="text"/>
Postal Code	<input type="text"/>
City	<input type="text"/>
State Region	<input type="text"/>
Country/Region	<input type="text"/>

---

#### U.S. Correspondent Bank Details

Bank Name	<input type="text"/>
Beneficiary Name	<input type="text"/>
Bank Account Number	<input type="text"/> ⓘ
Bank Routing Number	<input type="text"/> ⓘ
Bank Address	<input type="text"/>
Bank City	<input type="text"/>
Bank State or Region	<input type="text"/>
Bank Country/Region	<input type="text"/>
Bank Postal Code	<input type="text"/>

---

#### Foreign Beneficiary Bank Details

IBAN Number	<input type="text"/> ⓘ
<small>Please provide your International Bank Account Number (IBAN) or Clave Bancaria Estandarizada (CLABE)</small>	
SWIFT Code (BIC)	<input type="text"/> ⓘ

Select any one option to provide Bank details

- Electronic Funds Transfer (EFT)
- Wire
- Check

Suppliers should select the same option for 'Mode of Payment' and 'Select any one option to provide Bank details' fields

Are you a 1099 Reportable Supplier?

- Yes
- No

If yes, please ensure your provided Remit to Address is also your 1099 reportable address.

Check should only be used if EFT or U.S. Correspondent Bank on wire payments to foreign corporation or speakers is not available; must provide valid requirement on why check is requested and must be approved by the Board.

- Check will be mailed to the remittance address provided below.
- For foreign suppliers, check cashing fees with foreign banks will NOT be included in the payment unless negotiated per the contract.

\* Please provide valid reason why check is requested

## Remit-To Addresses

Add one or more Remit-To Addresses by either filling out a new Compliant Invoicing Form or choosing an Existing Remit-To Address.

Add Remit-To

Choose Remit-To Address ✕

Choose a Remit-to Location below - Recommended  
*It's a few more fields, but provides compliance, verification, and re-usability. Otherwise, click 'Cancel' to add info to your customer's form manually.*

Choose existing or create new Remit-To Address:

████████████████████ ✔ Choose

████████████████████

████████████████████

████████████████████

████████████████████

< >

+ Create New Remit-To Address

< >

Cancel

Where's your business located? ✕

Setting up your business details in Coupa will help you meet your customer's invoicing and payment requirements. For best results with current and future customers, complete as much information as possible.

\* Legal Entity Name

Country/Region

This is the official name of your business that is registered with the local government and the country/region where it is located.

Cancel

Continue

## Tell your customers about your organization

x

Which customers do you want to see this?

- All
- Board of Governors of the Federal Reserve System

What address do you invoice from?

Use an existing address

\* Address Line 1

Address Line 2

\* City

State

\* Postal Code

Country/Region United States

- Use this address for Remit-To i
- Use this for Ship From address i

### REQUIRED FOR INVOICING

Enter the registered address of your legal entity. This is the same location where you receive government documents. i

What is your Tax ID? i

Country/Region  x

Tax ID

[Add additional Tax ID](#)

Miscellaneous

Invoice From Code  i

Preferred Language

Cancel

Save & Continue

Where do you want to receive payment?



- 1
- 2
- 3
- 4

\* Payment Type **Address** ▼

What is your Remit-To Address?

Address Line 1 [REDACTED]

Address Line 2

City [REDACTED]

State

Postal Code [REDACTED]

Country/Region [REDACTED]



Cancel Save & Continue

## Where do you want to receive payment?

X

1 2 3 4

Payment Type **Bank Account**

What are your Bank Account Details? ⓘ

Bank Account Country/Region:	<input type="text"/>
Bank Account Currency:	<input type="text"/>
Beneficiary Name:	<input type="text"/>
Bank Name:	<input type="text"/>
Account Number:	<input type="text"/> ⓘ
Confirm Account Number:	<input type="text"/>
IBAN:	<input type="text"/> ⓘ
Confirm IBAN:	<input type="text"/>
Routing (Bank Code) Number:	<input type="text"/> ⓘ
SWIFT/BIC Code:	<input type="text"/> ⓘ
Bank Account Type:	<input type="text" value="Business"/>
Supporting Documents	<input type="button" value="Browse..."/> No files selected. ⓘ

What is your Bank's Branch Address?

Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text" value="Select an Option"/>
Postal Code:	<input type="text"/>

Who is your Remit-To Contact? (optional) >

What is your Remit-To Address?

Address Line 1 f0gfd  
Address Line 2  
City dfgfd  
State  
Postal Code gfdgdf  
Country/Region Albania

<

>

Cancel

Save & Continue

✕

### Where do you want to receive payment?

1 2 3 4

• Payment Type Virtual Card

Virtual Card information

• Email Address

What is your Remit-To Address?

Address Line 1

Address Line 2

City

State

Postal Code

Country/Region

Cancel Save & Continue

✕

### Where do you want to receive payment?

1 2 3 4

Remit-To locations let your customers know where to send payment for their invoices. Click Add Remit-To to add more locations, otherwise click Next.

Add Remit-To

Remit-To Account	Remit-To Address	Status	
Virtual Card rgi*****	<input style="width: 100px;" type="text"/>	Active	<span style="border: 1px solid #ccc; padding: 5px 10px;">Manage</span>

Deactivate Legal Entity
Cancel
Next

## Where do you ship goods from?

X

1 2 3 4

For many countries/regions including different shipping details on the invoice is required if they are different to where your legal entity is registered.

Add Ship From

Title	Status	
[REDACTED]	Active	Manage

Deactivate Legal Entity

Done

## Where do you ship goods from?

X

1 2 3 4

What is your Ship From Address?

• Address Line 1

Address Line 2

• City

State

• Postal Code

• Country/Region

What is the physical address that your goods are shipped from? This can be a warehouse address.

What is your Remit-To Integration Code? ⓘ

Code

Show fewer fields ▾

Contact Information

First Name

Last Name

Email

Work Phone

Mobile Phone

Fax Number

Web Site

Which customers do you want to see this?

- All
- Board of Governors of the Federal Reserve System

Cancel

Continue



## Where do you ship goods from? ✕

1 2 3 4

For many countries/regions including different shipping details on the invoice is required if they are different to where your legal entity is registered.

Add Ship From

Title	Status	
[REDACTED]	Active	Manage
[REDACTED]	Active	Manage

Deactivate Legal Entity

Done

## Setup Complete ✕

1 2 3 4

Do you want to Add Remit-To Address to the customer profile now?

Add Later

Add Now

## Supplier Diversity

If you are a small or diverse business, add the categories that apply to you.

**Add Diversity**


### Supplier Diversity


Country

Diversity Category

Diversity Certificate

Agency

Effective Date  

Expiration Date  

Attachments [Add File](#)

Description

Are you a Minority-Owned Business?  Yes  No

- Minority Type
- African American
  - American Indian or Alaska Native
  - Asian
  - Hispanic or Latino
  - Native Hawaiian
  - Pacific Islander

## Board of Governors Policy Information

---

### Representations and Other Statements of Supplier


 [Section\\_K.pdf](#)

Download the above document and fill in the required details. Attach the completed document below with Effective and Expiration date.

Effective date is the date this document is signed. Expiration date is 1 year from the date this document is signed.

### Representations and Other Statements of Supplier

Effective Date  

Expiration Date  

Attachments [Add File](#)

Description

Public reporting burden for this information collection is estimated to average 81 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. Comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing the burden, may be sent to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551, and to the Office of Management and Budget, Paperwork Reduction Project (7100-0180), Washington, DC 20503.

Privacy Act Statement

PURPOSES. The FR 1400B collects information used in the competitive process of soliciting proposals and evaluating bids and contracts submitted by vendors. It is also utilized to collect information from speakers in order to permit reimbursements.

AUTHORITY. Sections 10 and 11 of the Federal Reserve Act (12 USC 244 and 248) and Executive Order 9397.

EFFECTS OF NONDISCLOSURE. For prospective vendors that decide to submit proposals to the Board, the FR 1400B is required to obtain a benefit, in order to be eligible for the award of a contract. Some of the requested information, including the Social Security number if the registrant is an individual, is mandatory and will be marked as such. Some requested information may not be required in order to complete the form and failure to provide such information will not affect the processing of the form. Failure to provide any information that is marked as mandatory may result in the denial, disapproval, or delay in the consideration, selection or continuation of an official Board contract.

ROUTINE USES. The information you provide will be stored in the system of records entitled BGFRS-9, "FRB --Supplier Files," located at <https://www.federalreserve.gov/files/BGFRS-9-supplier-files.pdf> and published at 73 FR 24984 at 24994-95 (May 6, 2008). All or part of the information may be disclosed outside of the Board in accordance with routine uses, A, C, D, G, I, and J, and records may also be used to disclose information to the Internal Revenue Service to report payments that may be considered income to the suppliers. See "General Routine Uses of Board Systems of Records" located at <https://www.federalreserve.gov/files/SORN-page-general-routine-uses-of-board-systems-of-records.pdf> and published in the Federal Register at 83 FR 43872 (August 28, 2018) at 43873-74.

\* Acknowledgement

By checking this box, I am signing this document electronically and intend that my electronic signature be treated as the legal equivalent of having placed my handwritten signature on this document. I affirm that the information I have submitted is complete and true to the best of my knowledge and authorize the Board of Governors of the Federal Reserve System to make payments using the information provided above. I will notify the Board as soon as possible if the above information changes.

Decline

Save

Submit for Approval

 Comments

Mute Comments 

Enter Comment

Send Comment notification to a user by typing @name (ex. @JohnSmith)

# Additional Supplier Information

(Applied)

Supplier Information CISCO SYSTEMS

## Supplier Information

---

\* Federal Reportable 

\* Shipping Terms

\* Payment Terms


\* Pay Group

\* PO Method

\* PO Change Method

\* Invoice Matching  
Level

\* Bank Routing   
Number verified

\* Tax Identification   
Number verified

\* Income Tax Type |

\* E2 Profile?

\* E2 Profile Request  
Date

\* Create Interest  
Invoice?