

**FAX completed form to:  
(402) 233-3394**



**Union Pacific Railroad  
Vendor Validation Form**

**Or mail completed form to:**  
Union Pacific Railroad  
1400 Douglas Street / STOP #1740  
Omaha, NE 68179

**\*\* NOTE: Payments will be held until a valid TIN is received \*\***

**Questions? Call (402) 544-2729**

**Name (as shown on your income tax return)**

**Business Name, If different from above (DBA)**

**Address**

**City, State and ZIP code** **Phone Number**  
( )

**Check ONE:**

<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> State/Local Government
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation
<input type="checkbox"/> Not-For-Profit Organization	<input type="checkbox"/> Federal Government

**Are you currently subject to backup withholding?**  Yes  No

**Do you require a Form 1099 at year end?**  Yes  No

**Part I Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).**  
\*\*\* NOTE: Payments will be held until a valid TIN is received \*\*\*

Employer Identification Number (EIN)	Social Security Number (SSN)
____ - ____ - _____	____ - ____ - ____ - ____

**Part II Certification**

**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).**

Signature	Telephone Number
Printed Name	Date

**Part III Voluntary Vendor Information**

<b>Company is more than 50% owned, controlled, or actively managed by a:</b>	<b>If "Minority Owned" please check ONE of the following:</b>
<input type="checkbox"/> Woman Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned <input type="checkbox"/> Other _____ <input type="checkbox"/> None of the above	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Asian American <input type="checkbox"/> Asian Indian American <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Other _____

**Certification Agency** \_\_\_\_\_ **Certification Number** \_\_\_\_\_ **Expiration Date** \_\_\_/\_\_\_/\_\_\_

*\*Certification agencies act on behalf of the government to ensure that a business is actually owned/managed by a minority.*