

Lilly del Caribe, Inc. - Supplier Information
Part 1: Substitute W-9

Policies

By United States and Puerto Rico Law, the substitute W-9 (Part 1) needs to be submitted to Lilly del Caribe, Inc.. Form is available in the website: <http://supplierportal.lilly.com>

- Suppliers must complete this form according to the associated instructional guide (Part 4) and submit to the procurement contact via email.
- Items indicated with an asterisk (*) are mandatory and must be completed before processing.
- Please type or clearly print all information.
- Supplier must submit this form to procurement every time there is a change (ie: a Sales contact email address changes).

Supplier Information

1. Supplier Legal Name per tax identification number* _____
1a. Doing Business as Name (if applicable): _____
1b. In care of (If applicable): _____
2. Remit to Address*: _____

3. City*: _____ 4. State/Region*: _____ 5. Zip Code*: _____ 6. Country* _____
7. Company Telephone No*: _____ **7a.** Company Fax No: _____
8. Sales Contact Name*: _____ **8a.** Sales Contact Email*: _____
8b. Sales Telephone No*: _____ **8c.** Sales Fax No*: _____
9. A/Receivable e-mail address: _____ **9a.** A/R Contact Telephone No: _____
10. Tax ID/SSN*: _____ **Note:** Foreign companies not having Tax ID/SSN must complete W8 Form.
11. Dun & Bradstreet (Duns) No: _____
12. Check the appropriate box for business type:*
 Individual/ Sole proprietor Corporation Partnership Other: (Specify) _____
12a. Type of products sold:* Goods Services Both Rent
13. INCO terms* FOB city: _____ **13a.** FOB state/region: _____ **13b.** FOB Zip Code: _____
Note: *INCO terms may be negotiated upon Purchase Order placement.*
14. Is the company providing services in P.R.? Yes _____ No _____
14a*. If *Yes*, and the company is exempt from service tax withholding, you must provide the Waiver Certificate From Withholding issued by the Department of Treasury, Internal Revenue Area. The Puerto Rico law requires retaining the engaged service companies or individuals a 7% withholding tax. Read: NOTICE to service suppliers, page 5.
15. Is the company engaged in trade or business in P.R.? Yes _____ No _____
15a. If *Yes*, attach a copy of the Certificado de Registro de Comerciante (Puerto Rico Treasury Department Merchant Certificate of Registration) in *pdf* format.
Note: *Puerto Rico, U.S. engaged suppliers and foreign engaged suppliers doing business in P.R. must provide Merchant Certificate of Registration.*
15b. If *No*, please be advised that **U.S. and Foreign Service companies, not engaged in trade or business in Puerto Rico are subject to retention of 29% withholding tax.**
16. Is your business a medical or healthcare service provider? Yes _____ No _____

Signature

Under penalties of perjury, I **certify** that:

- The number shown on this form is my correct tax payer identification number.
- I am a U.S. person (including a U.S. resident alien).

The Internal Revenue Service ***does not require your consent to any provision of this document other than the certifications*** required to avoid backup withholding.

17. Authorized Signature*: _____
18. Printed Name*: _____
19. Title*: _____
20. Date*: _____

Lilly del Caribe, Inc. - Supplier Information
Part 2: Purchase Order Receipt/Invoicing, Payment Method, & Payee Information *

Supplier Legal Name: _____ Tax ID/SSN: _____

Invoices Mailing Address

21. Invoices must be mailed to:

LILLY DEL CARIBE INC.
ATTN: ACCOUNTS PAYABLE
PO BOX 19000
AGUADILLA PR 00605-9019

22. Automated Clearing House (ACH)

Note: Lilly del Caribe, Inc. payments are issued electronically by ACH for all vendors.

ACH Electronic Payment Authorization All fields below required for ACH Payment Method*

NEW CHANGE CANCEL (please check one)

Name of Bank Account Holder _____

Name of Financial Institution _____

Bank Routing Number _____ Account Number _____

Deposits may only be made to U.S. checking accounts. Please verify your bank account accepts ACH payments.

Your FAX number is required. You will be notified of deposits by FAX Advice at the following number:

Accounts Receivable Fax Number: _____

By electing the ACH payment method, Supplier hereby authorizes Lilly del Caribe, Inc. to initiate deposits (credits) and/or corrections to the prior deposits (previous credits) to the financial institution indicated above. This authority is to remain in full force and effect until Supplier revokes it by giving at least 10 days prior written notice to Lilly del Caribe Inc. Use this form for changes.

Send to Disbursements Department, Fax No. 787-257-5671

Signature accepting ACH payments Authorized signature is required for new bank account or change.*

By signing below, you accept the above information is correct

23. Authorized Signature _____

24. Printed Name: _____

25. Title: _____

26. Date: _____

Lilly del Caribe, Inc. - Supplier Information
Part 3: Supplier Diversity Categorization Status Indicator

Supplier Legal Name: _____ Tax ID/SSN: _____

NAICS (North American Industry Classification System) code: _____

Please select all that apply to your business. (If none, select N/A.) **Attach by email all certifications in pdf form and send to procurement.**

- Small Business, as determined by SBA regulations**
Participants, as defined in 13 CFR 124.3, in the section Small Business Administration's section 8(a) business development program of 13 CFR part 124 subpart A
- MBE – at least 51% Minority-owned and managed Business Enterprise, as certified by NMSDC**
Minority business enterprises certified as such by an affiliate of the National Minority Supplier Development Council, Inc, or equivalent 3rd party certifying organization. Certification requirements can be found at www.nmsdc.org.
- If you selected MBE, please also select one of the following:**
- African American Asian Indian American Caucasian Native American
 Alaskan Native Asian Pacific American Hispanic American Other
- WBE – at least 51% Woman-owned and managed Business Enterprise**
Women business enterprises meeting the requirements for certification as such by the Women's Business Enterprise National Council, or equivalent 3rd party certifying organization. See www.wbenc.org for requirements. Actual certification desirable but not required.
- WOSB – at least 51% Woman-owned and managed Small Business**
Women-owned small business concerns as defined in 48 CFR 2.101 (at least 51% owned by women with management and daily business operations controlled by one or more women).
- SDB – Small Disadvantaged Business, as certified by the SBA**
Small disadvantaged business concerns as defined in 48 CFR 2.101 (which requires certification by the Small Business Administration under 13 CFR part 124 subpart B).
- VBE – Veteran-owned Business Enterprise**
Veteran-owned business concerns as defined in 48 CFR 2.101 (at least 51% owned by veterans with management and daily business operations controlled by one or more veterans). Self-certification is acceptable.
- VOSB – Veteran-owned Small Business**
Veteran-owned small business concerns as defined in 48 CFR 2.101 (at least 51% owned by veterans with management and daily business operations controlled by one or more veterans). Self-certification is acceptable.
- SD-VOSB – Service Disabled Veteran-owned Small Business**
Service-disabled veteran-owned small business concerns as defined in 48 CFR 2.101 (veterans with service-connected disability own at least 51% and control management and daily business operations). Self-certification is acceptable.
- HUB Zone – Historically Underutilized Business Zone Business, as certified by the SBA**
HUB Zone small business concerns as defined in 48 CFR 2.101 (based on census tract information, economic data, and unemployment rates)
- HBCU/MI – Historically black colleges and universities or minority institutions**
Historically black colleges and universities or minority institutions, each as defined in 48 CFR 2.101. A recent list of HCBU and post-secondary MI is available at <http://www.ed.gov/offices/OCR/minorityinst.html>.
- N/A – None of the above**

Lilly del Caribe, Inc. - Supplier Information
Part 4: Instructional Guide

Supplier Information			Example:
1.	Supplier Legal Name*	Name of Supplier receiving Purchase Order from Lilly; use the Legal name as it appears on your W9 form.	Smith & Company
1a.	Doing Business As Name	Your company's commonly used name	Smith Packaging, Inc.
1b.	In care of	Name of person or designee at Supplier to which the PO should be directed	John Doe or ABC Company
2.	Remit to Address*	Provide full mailing address for checks remittance	1234 South Street
3.	City*	“	Main City
4.	State/Region*	“	IN
5.	Zip Code*	“	11111
6.	Country*	“	USA
7.	Company Telephone No.*	State your main telephone number.	787-111-2222
7a.	Company Fax No.*	State your fax telephone number.	787-111-2223
8.	Sales Contact Name*:	Your Contact Name	John Doe the Second
8a.	Sales Contact E mail*:	Your Contact E mail.	abccompanysales@pr.net
8b.	Sales telephone No*:		787-111-2224
9.	A/Receivable e-mail address	E-mail of Accounts Receivable contact or a group e-mail A/R address within the supplier's organization	a.receivable@supplier.com
9a.	A/Receivable Contact Telephone No.		a.receivable@supplier.com
10.	Tax ID/SSN*	Enter federal tax ID or social security number if doing business as sole proprietor	22-2222222
11.	Dun & Bradstreet (Duns) No.	Number given by Dun & Bradstreet for identification purposes	444444444
12.	Check the appropriate box*	Individual/Sole Proprietor, Corporation, Partnership, Other	Other: <u>LLC</u>
12a.	Type of products sold:*	Check the appropriate box.	
13.	INCO terms* FOB city:	FOB means 'free on board' and is the location where ownership of goods is transferred. FOB city is the free on board city for goods.	Your City. <i>INCO terms may be negotiated upon Purchase Order placement.</i>
13a.	FOB state/region:	FOB means 'free on board' and is the location where ownership of goods is transferred. FOB state is the free on board state for goods.	Your state/region. <i>INCO terms may be negotiated upon Purchase Order placement.</i>
13b.	FOB Zip Code	FOB means 'free on board' and is the location where ownership of goods is transferred. FOB zip code is the free on board zip code for goods.	11111 <i>INCO terms may be negotiated upon Purchase Order placement.</i>
14.	Is the company providing services in PR?	Answer Yes or No and follow instructions on 14a and 14b.	
14a.	If <i>Yes</i> , and the company is exempted from service tax withholding, you must provide the Waiver Certificate From Withholding issued by the Department of Treasury, Internal Revenue Area.	The Waiver Certificate From Withholding is issued by the Department of Treasury, Internal Revenue Area, Tax Service Bureau. Document must be renewed and resubmitted to Accounts Payable in an annual basis.	
15.	Is your company engaged in trade or business in PR?	Answer Yes or No and follow instructions on 15a and 15b.	
15a.	If <i>Yes</i> , attaché a copy of the Certificado de Registro de Comerciante (the Treasury Department Merchant Certificate of Registration) in <i>pdf</i> format.	The Certificado de Registro de Comerciante (the Treasury Department Merchant Certificate of Registration) is issued by Hacienda (the Department of Treasury, Internal Revenue Area).	
15b.	If <i>No</i> , please be advised that U.S. and Foreign Service companies, not engaged in trade or business in P.R. are subject to 29% withholding tax.		

**Lilly del Caribe, Inc. - Supplier Information
Part 4: Instructional Guide**

16.	Is your business a medical or healthcare service provider?	Answer Yes or No .	
17.	Authorized Signature*	Signature of the supplier's authorized representative	
18..	Printed Name*	Printed name of signee of this form	Jane Doe
19.	Title*	Title of signee of this form	Manager
20.	Date*	Date of signature	1/11/2007

Purchase Order Receipt/Invoicing and Payment Method			
21.	Invoice Mailing Address	Mailing address	Lilly del Caribe, Inc. ATTN: Accounts Payable PO BOX 1900 Aguadilla, PR 00605-9019
22.	Automated Clearing House (ACH)	Note: Lilly del Caribe, Inc. payments are issued electronically by ACH for all vendors.	
23.	Authorized Signature	Signature of the supplier's authorized representative	
24.	Printed Name	Printed name of signee of this form	Jane Doe
25.	Title	Title of signee of this form	Manager
26.	Date	Date of signature	08/01/2008

NOTE: If any part of your services will be rendered in Puerto Rico, please review the NOTICE.

NOTICE

The Puerto Rico Internal Revenue Code imposes the obligation to withhold income taxes on certain payments, as follows:

A. Payments to foreign corporations, partnership, or other types of legal entities organized outside of Puerto Rico that are not engaged in a trade or business in Puerto Rico:

Section 1150 of the Code imposes the obligation to withhold 29% of payments for services rendered in Puerto Rico.

B. Payments to individuals who are not residents of Puerto Rico:

Section 1147 of the Code imposes the obligation to withhold 29% of payments to nonresident alien individuals, and 20% of payments to nonresident U.S. citizen individuals, for services rendered in Puerto Rico. This withholding is required even if the nonresident individual is engaged in a trade or business in Puerto Rico.

Article 1150-2 of the regulations under the Code provides that any foreign entity that is engaged in trade or business in Puerto Rico and, thus, not subject to the 29% withholding tax must notify the payer (in this case Lilly del Caribe, Inc.) of this fact. The notice must be in writing, signed by an officer of the corporation or the managing partner of the partnership (whichever the case), and contain an explanation of the grounds supporting the conclusion that it is engaged in a trade or business in Puerto Rico, and the address of its Puerto Rico office or place of business. Lilly is required, and will remit copy of this letter to the Puerto Rico Treasury Department.

If the supplier is engaged in trade business in Puerto Rico the retention is 7%. This applies to suppliers with physical addresses in Puerto Rico or U.S.

If the supplier has a total waiver from the Puerto Rico Secretary of the Treasury, **there is no retention**; if partial waiver, the retention is 3%.

All engaged and exempt service suppliers must provide document of registration and exemption from the Puerto Rico Government, Treasury Department.