



SUPPLIER PACKET

The Procurement and Contracts Department is dedicated to supplying the goods and support services that allow for the effective and efficient delivery of utility services. Dependable, economical relationships with our suppliers are important to making this happen.

To ensure you are established into our database there is a need to collect required information about your business. This information is entered into our integrated Purchasing / Accounts Payable computerized system which electronically maintains active supplier data and allows us to match suppliers to our material request needs.

Complete pages 2 thru 5 of this Supplier Packet
Information must be complete or your company will not be added to our
Approved Supplier Base

FOREIGN COMPANIES: The appropriate W-8 (BEN, ECI, EXP, IMY, or 8233) must be completed and sent in lieu of page 4.

All payments will be withheld until a W-9 and/or W-8 is completed and returned.

Send to:

(For all UNS Energy companies, except Springerville Generating Station)

Tucson Electric Power Company
Procurement & Contracts HQE 704
Tucson, AZ 85702
Email: Supplier@tep.com
Or
Fax: (520) 745-3158

For Springerville Generating Station
Tucson Electric Power Company
Materials Department
P.O. Box 2222
Springerville, AZ 85938
928-337-7314 fax
dholliday@tep.com email

UNS Energy Corporation is the parent company of Tucson Electric Power Company (TEP), UniSource Energy Services (UES) – UNS Electric Inc., UNS Gas Inc. and Southwest Energy Solutions (SES), which combine to deliver safe, reliable energy to more than 600,000 Arizona customers. TEP provides electric service to more than 385,000 customers in the Tucson metropolitan area. UES – UNS Electric Inc. and UNS Gas Inc. provides electric service and natural gas to more than 234,000 customers in northern and southern Arizona.

For more information about UNS Energy Corporation and its subsidiaries, visit: www.uns.com

SUPPLIER FACT SHEET FORM

ADDRESS, CONTACT & SUPPLIER PROVISION INFORMATION

Purchase Order Address (PO's will be sent to this address)

Manufacturer's Authorizing Agent or c/o: _____
(If Applicable)

Street of PO Box: _____

City _____ State: _____ Zip: _____

County: _____ Country: _____

Sales Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____
(REQUIRED as Purchase Orders are sent electronically)Supplier Provisions:
(Please give a quick description of type of service or goods supplied) Material Description: _____ Services Description: _____

Arizona Sites Served:

 Tucson Nogales Kingman Lake Havasu
 Flagstaff Prescott Show Low Cottonwood
 Springerville

ORGANIZATION SECTION

Company Name: _____

Owner's Name: _____
(If Company is a DBA)

Legal Structure:

 LLC LP LLP Corporation Partnership Sole-Proprietorship

Must Provide SS# & Name on SS# - see below

 Foreign Company

Must Provide W-8, (BEN,ECI,EXP,IMY) or Form 823

 GovernmentFederal Employer's
Tax ID Number: _____

REQUIRED

Social Security Number: _____

(If Applicable)

Social Security Number Name: _____

Arizona Transaction Privilege License (sales tax):

 No Yes Number _____
REQUIRED if applicable

Contractor License:

 No Yes Number _____
REQUIRED if applicable
State _____Number of Employees: _____
REQUIRED

PAYMENT SECTION

Standard Payment Terms Per PO

ACH (Automated Clearing House)/EFT (Electronic Funds Transfer) is the only Payment Method available unless otherwise agreed to by the Accounts Payable Dept

ACH Format: CCD CCD+ CTX

Financial Institution Name/Branch: _____

Account Name: _____ Account Type: Checking Savings

Routing Transit Number (ABA): _____ Account Number: _____

ACH Remittance Advice Notification Method: Email: _____ Fax Number: _____

REQUIRED if choosing ACH

ACCOUNTS RECEIVABLE ADDRESS & CONTACT SECTION

(Electronic Invoice Presentation Preferred see page 5)

Street or PO Box: _____

City: _____ State: _____ Zip: _____ County: _____ Country: _____

Accounts Receivable Contact Name: _____

Phone Number: _____ Email Address: _____

Are Master Card Payments Accepted? Yes No

Minority Reporting Self-Certification Categories – check appropriate categories:**NOTE: Definitions –**

“Control” is defined as exercising the power to make policy decisions.

“Operated” is defined as actively involved in the day-to-day management and not merely acting as officers or directors.

- Large Business Concerns** - A domestic concern which, including domestic and foreign divisions and affiliates, normally employs 500 or more persons, is independently or publicly owned or controlled and operated, and which may be a division of another domestic or foreign concern.
- Small Business Concerns** - The term “small business” shall mean a small business as defined pursuant to Section 3 of the Small Business Act and in relevant regulations promulgated thereto. Generally, unless your firm is operating in an industry with a special size standard, it is considered small if: (a) it has fewer than 500 employees for manufacturing industries, (b) has average annual receipts for three (3) preceding years of less than \$12 million for general construction (c) has average annual receipts for preceding fiscal years of less than \$2 million for service industry.
- Women-Owned Small Business Concerns** - A concern that is at least fifty-one percent (51%) owned by one or more women; or in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more women, and whose management and daily business operations are controlled by one or more such individuals.
- Veteran-Owned Small Business Concerns** - A concern that is at least fifty-one percent (51%) owned by one or more veterans; or in the case of any publicly owned business, not less than fifty-one percent (51%) of the stock of which is owned by one or more veterans, and whose management and daily business operations of which are controlled by one or more such individuals.
- Service-Disabled Veteran-Owned Small Business Concerns** - A concern that is at least fifty-one percent (51%) owned by one or more service-disabled veterans; or in the case of any publicly owned business, not less than fifty-one percent (51%) of the stock is owned by one or more service-disabled veterans, and whose management and daily business operations are controlled by one or more such individuals; or in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran. The individual(s) must either have a record of such impairment or correctly regard him/herself(s) as having such impairment.
- Small Disadvantaged Business Concerns** - A concern that is at least fifty-one percent (51%) owned by one or more individuals who are both socially and economically disadvantaged; or in the case of any publicly owned business, at least fifty-one percent (51%) of its stock owned by one or more socially or economically disadvantaged individuals, and whose management and daily business are controlled by one or more such individuals.
- HUBZone Small Business Concern (Historically Underutilized Business Zone)** - A concern that must be located in a “historically underutilized business zone”, **must** be owned and controlled by one or more US Citizens and at least thirty five percent (35%) of its employees **must** reside in a HUBZone.
- Historically Black Colleges & Universities/Minority Institutions** - An institution determined by the Secretary of Education to meet the requirements of 34 CFR Section 608.2 for the Department of Defense, NASA, and the Coast Guard; the term also includes any nonprofit research institution that was an integral part of such a college or university before November 14, 1986. Minority Institution means an institution of higher education meeting the requirements of Section 1046(3) of the Higher Education Act of 1965.
- Alaska Native Corporations & Indian Tribes That Are Not a Small Business** - Alaska Native Corporations (ANC) is any Regional, Village, Urban, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act. Indian Tribe is any Indian Tribe, Band, Nation, Organized Group, or Community of Indians, including any ANC, which is recognized as eligible for special programs and services provided by the U.S. to Indians because of their status, or is recognized as such by the State in which the tribe, band, nation, group, or community resides. The business is considered Not a Small Business if the business is not consistent with the Small Business description given above.
- Alaska Native Corporations & Indian Tribes That Have Not Been Certified By the Small Business Administration as Small Disadvantaged Businesses** - Alaska Native Corporations (ANC) is any Regional, Village, Urban, or Group Corporation organized under the laws of the State of Alaska in accordance with the Alaska Native Claims Settlement Act. Indian Tribe is any Indian Tribe, Band, Nation, Organized Group, or Community of Indians, including any ANC, which is recognized as eligible for special programs and services provided by the U.S. to Indians because of their status, or is recognized as such by the State in which the tribe, band, nation, group, or community resides. The business is considered Not a Small Disadvantaged Business if the business is not consistent with the Small Disadvantaged Business description given above.

Supplier Signature: _____ **Date:** _____

Taxpayer Identification Number Request & Certification

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to federal income tax backup withholding. Use this form only if you are a U.S. person (including US. resident alien.). If you are a foreign person, use the appropriate Form W-8 (BEN, ECI, EXP, IMY, or 8233).

Part 1 Tax Status:

Print Tax Reporting Name: _____
Address (number, street, and apt, or suite no.): _____
City: _____ State: _____ Zip: _____
Phone: () _____

Complete One:

<input type="checkbox"/> Individual/Sole Proprietor	Business Name, if different from above	<hr/>		
- or -		Social Security Number	-----	-
		Business EIN	-----	-
<input type="checkbox"/> Partnership	EIN	-----	-	
<input type="checkbox"/> Corporation	EIN	-----	-	

Please answer questions below if you are a corporation:

1. Corporation providing legal services? **Y** **N**
2. Corporation providing medical services? **Y** **N**

Limited Liability Company EIN _____ - _____

Tax-Exempt or Not-for-Profit under § 501(C)(3) EIN _____ - _____

Government Entity EIN _____ - _____

Estate or Trust EIN _____ - _____

All other Entities EIN _____ - _____

Part 2 Exemption:

If exempt from Form 1099 reporting, check here: and circle your qualifying exemption reason below

1. Corporation, except there is no exemption for medical and healthcare payments or payments for legal services
2. An organization exempt from tax under IRC section 501(a)
3. The United States or any of its agencies or instrumentalities
4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
5. A foreign government or any of its political subdivisions, agencies, or instrumentalities
6. An international organization or any of its agencies or instrumentalities
7. Other:

Part 3 Certification:

Under penalties of perjury, I certify that:

1. 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
2. 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. person (including a U.S. resident alien).

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.

Signature of U.S. person: _____ **Date:** _____



UNS Energy Corporation Conflict Minerals Inquiry

UNS Energy, along with its utility subsidiaries Tucson Electric Power, UNS Electric and UNS Gas, is subject to a new SEC rule concerning disclosure of any use of so-called "conflict minerals." Towards complying with that rule, UNS Energy is asking **manufacturers (only)** that make equipment, parts or material to our custom specifications to answer the following question in order to identify whether any products we receive from you contain these materials.

The term "Conflict Minerals" in this context means certain minerals mined in central Africa, specifically gold, tin, tantalum and tungsten, which may be utilized in the manufacture of electronic components, turbine blades, and other metal products.

Please check one of the two responses below:

_____ NO, to the best of our knowledge, our company does not utilize any "Conflict Minerals"** in the manufacture or completion of products supplied to UNS Energy Corporation.

YES, our company may or does utilize one or more "Conflict Minerals" in the manufacture or completion of products supplied to UNS Energy Corporation, as more fully detailed below:

(please attach additional sheets if necessary)

* “Conflict Minerals” refers to minerals of particular geographic origin listed in the U.S. Dodd-Frank Wall Street Reform and Consumer Protection Act, § 1502. See S.E.C. implementing regulation at 17 CFR § 240 and § 249b, which includes columbite-tantalite, cassiterite, gold, wolframite or their derivatives, which are limited to tantalum, tin or tungsten, or any other mineral or its derivatives determined by the U.S. Secretary of State to be financing conflict in the Democratic Republic of the Congo or an adjoining country.

Company Name

By: _____

Date:

Title:

Accounts Payable Department

Dear Supplier:

To ensure timely payment please address invoices according to the company that received the services and/or goods.

Email or fax is the preferred method of receiving invoices.

Accounts Payable
ACCOUNTSPAYABLE@TEP.COM
or
Fax Number 520-545-1327
Or
Accounts Payable Department
A/P – HQE703
P.O. Box 3033
Tucson, AZ 85702-3033
Invoice Inquiry (all companies)

As a reminder, the following information is required on all invoices to ensure prompt and accurate processing of your payment:

- ✓ Purchase Order Number
- ✓ Requestor's Name
- ✓ Release Number (this number will be provided to you by the requestor if applicable)
- ✓ The Ship To or Delivery Location

Thank you