



Request for Taxpayer Identification (W-9)

Please complete the following information. Per IRS regulations, the University is required to obtain this information for all persons and organizations receiving payment from us. If you do not provide us with this information, your payments may be subject to **28%** backup withholding. In addition, you may be subject to a **\$50** penalty imposed by the IRS under Section 6723. Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the University is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you; it is an advance tax payment. Report all backup withholding as a credit for taxes paid on your federal income tax return.

THIS FORM IS CONSIDERED "SUBSTANTIALLY SIMILAR" TO IRS FORM W-9 AND IS TO BE USED IN LIEU OF THE IRS FORM.

INSTRUCTIONS: Check the box for your tax status. Then use the correct Row Headings for your tax status to fill in the boxes.

- TAX STATUS (check only one):**
- Individual US Person (including Resident Alien) → **Use ROW 1 Headings**
 - Sole Proprietor or LLC with One Owner → **Use ROW 2 Headings**
 - Partnership or LLC with Multiple Owners → **Use ROW 3 Headings**
 - Corporation, Tax Exempt Entity, Trust or Estate → **Use ROW 4 Headings**

ROW 1	Individual's Name	Social Security Number	(Leave Blank)
ROW 2	Business Owner's Name	Social Security Number	Business/Trade Name
ROW 3	Partnership's Name	Employer Identification Number	Partnership's Name on IRS Records
ROW 4	Corporation/Entity Name	Employer Identification Number	(Leave Blank)
FILL IN HERE			

ARE YOU EXEMPT FROM 1099 REPORTING (check only one): EXEMPT NOT EXEMPT

If you marked EXEMPT, please indicate reason:

- Corporation
- Tax Exempt Entity under 501(a), 501(c)(3) or IRA
- The United States or any of its agencies or instrumentalities
- A foreign government or any of its political subdivisions
- A state, the District of Columbia, a possession of the US, or any of their political subdivisions
- A Resident Alien claiming tax treaty benefits (Note: a statement satisfying IRS requirements must be attached)

ORDER FROM ADDRESS:

Phone: _____

Fax: _____

E-Mail: _____

REMIT TO ADDRESS: Same as Order From Address

Phone: _____

Fax: _____

E-Mail: _____

Please indicate if your company is categorized as any of the following:

- Legal Service
- Medical/Healthcare
- Minority-Owned Business
- HUB Zone Business
- Woman-Owned Business
- Small Business
- Veteran-Owned Business
- Other: _____

The University's preferred method of payment is credit card. Do you accept MasterCard/Visa? Yes No

Are any of your company's principals or their immediate family members employed by the University? Yes No

CERTIFICATION: I certify under penalties of perjury that (1) the Tax Identification Number I have provided is correct, (2) if I have marked "Exempt" the above entity is backup withholding exempt, and (3) I am a US Person (including Resident Alien).

Print Name _____

Signature _____

Date _____

PLEASE FAX COMPLETED FORM TO (302) 831-6772