



REQUEST FOR TAXPAYER INFORMATION

NO PAYMENTS WILL BE RELEASED UNTIL THIS FORM IS COMPLETED AND RETURNED

Federal law requires that we have on file a W-9 form with the Employer ID number or Social Security number and signature for each person/organization to which the University makes a payment. Please complete this form and return it to Western Carolina University, Purchasing Department, 340 HF Robinson Bldg., Cullowhee, NC 28723 or FAX to 828-227-7444 to update our files with a current W-9 for you.

Taxpayer Identification number (TIN):
Employer Identification Number (EIN): _____ - _____ - _____
 (For corporations, Trusts, Estates, Pension Trust Associations, Clubs, Religious, Charitable, Educational, or other tax exempt organizations, partnerships, Brokers or registered nominees)

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____
 (For individuals and Sole Proprietorships)

Vendor name: _____
 (As shown on tin)

Business name or DBA: _____
 (if different from above)

	<u>Order from Address</u>	<u>Remit to Address</u>
Street:	_____	_____
Street:	_____	_____
City:	_____	_____
County:	_____	_____
State/Zip Code:	_____	_____

Contact Person: _____	_____
Telephone #: _____	_____
Fax #: _____	_____
E-Mail Address: _____	_____

Check **all** that apply:

<u>LEGAL STATUS</u>	<u>INDIVIDUAL STATUS</u>	<u>BUSINESS CLASSIFICATION</u>	<u>PAYMENT TERMS</u>
<input type="checkbox"/> Corporation	<input type="checkbox"/> U S Citizen	<input type="checkbox"/> Small	<input type="checkbox"/> Net 30
<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Non Resident Alien	<input type="checkbox"/> Minority Owned	
<input type="checkbox"/> Non or not for profit		<input type="checkbox"/> Disabled Owned	
<input type="checkbox"/> Foreign Corporation		<input type="checkbox"/> Disabled Owned Business Enterp.	
<input type="checkbox"/> Other – (please specify) _____		<input type="checkbox"/> Non-Profit Work Cent. Blind/Dis	

Certification – Under penalties of perjury, I certify that: (1) the number shown above is my correct taxpayer identification number; (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 IRS that I am subject to backup withholding; and (3) the information provided is complete and accurate as of this date. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____
 Name (Please Print) _____ Title _____

For Office Use Only: Banner Vendor Number _____	Rev. 5/06 Substitute W-9
<input type="checkbox"/> FRS _____	<input type="checkbox"/> Banner _____