RUSH

Western Carolina
UNIVERSITY

REQUEST FOR TAXPAYER INFORMATION
(828) 227-7203
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, 65 West University Way, 301 HF Robinson Bldg., Cullowhee, NC 28723 or **FAX to 828-227-7444** to update our files with a current W-9 for you.

Taxpayer/Employer Identification Number (TIN/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)

Legal name:
(As shown on TIN/EIN)

Business Name or DBA:
(if different from above)

	For Purchase Orders	**For Checks (Remit to)**
Company Name:		
Street:		
Street:		
City:		
County:		
State/Zip Code:		
Contact Person:		
Telephone #:		
Fax #:		
E-Mail Address:		

Check all that apply:

LEGAL STATUS	INDIVIDUAL STATUS	BUSINESS CLASSIFICATION	PAYMENT TERMS
☐ Corporation/State _____	☐ U S Citizen	☐ Small	Net 30
☐ LLC – treated as Corp.	☐ Resident Alien	☐ Women Owned	
☐ Disregarded LLC	☐ Non Resident Alien	☐ Disabled Owned	
☐ Individual/Sole Proprietor		☐ Disabled Owned Business Ent.	
☐ Partnership		☐ Non-Profit Work Ctr. Blind/Dis.	
☐ Non or not for profit		☐ Socially/ Economically Disadvantaged	
☐ Other – (please specify)_____		Minority Owned-	
		( ) Black	
		( ) Hispanic	
		( ) Asian American	
		( ) American Indian	

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*_____ *Title* _____