

**RUSH**



**REQUEST FOR TAXPAYER INFORMATION**

PH (828) 227-7203 FAX (828)227-7444

PLEASE COMPLETE AND RETURN THIS FORM

**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, 340 HF Robinson Bldg., Cullowhee, NC 28723 or FAX to 828-227-7444 to update our files with a current W-9 for you.

<b><u>Taxpayer/Employer Identification Number (TIN/EIN):</u></b> _____ - _____ (For corporations, Trusts, Estates, Pension Trust Associations, Clubs, Religious, Charitable, Educational, or other tax exempt organizations, partnerships, Brokers or registered nominees) <b><u>SOCIAL SECURITY NUMBER (SSN):</u></b> _____ - _____ - _____ (For individuals and Sole Proprietorships)
--

<b>Legal name:</b> (As shown on TIN/EIN) <b>Business Name or DBA:</b> (if different from above)	   
--	--------------

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

**Check all that apply:**

<u>LEGAL STATUS</u>	<u>INDIVIDUAL STATUS</u>	<u>BUSINESS CLASSIFICATION</u>	<u>PAYMENT TERMS</u>
<input type="checkbox"/> Corporation/State _____	<input type="checkbox"/> U S Citizen	<input type="checkbox"/> Small	Net 30
<input type="checkbox"/> LLC – treated as Corp.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Women Owned	
<input type="checkbox"/> Disregarded LLC	<input type="checkbox"/> Non Resident Alien	<input type="checkbox"/> Disabled Owned	
<input type="checkbox"/> Individual/Sole Proprietor		<input type="checkbox"/> Disabled Owned Business Ent.	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Non-Profit Work Ctr. Blind/Dis.	
<input type="checkbox"/> Non or not for profit		<input type="checkbox"/> Socially/ Economically Disadvantage	
<input type="checkbox"/> 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 \_\_\_\_\_