



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 of Social Security number and signature for each person to whom the University makes a payment. Our records show that we do not have a current W-9 on file for you. Please complete this form and return it to UNC Greensboro, Purchasing Department, P.O. Box 26170, Greensboro, NC 27402-6170 or Fax to 336-334-5515.

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): _____

	Order From Address	Remit To Address
Address 1		
Address 2		
City		
County		
State/Zip Code		
Contact Person		
Email Address		
Phone Number		
Fax Number		

	Legal Status	Business Classification	Individual Status	Payment Terms
Please Check All That Apply	<input type="checkbox"/> Corporation	Minority Owned	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Net 30
	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> African American	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Other (please specify)
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Hispanic American		
	<input type="checkbox"/> Non or not for profit	<input type="checkbox"/> Asian American		
	<input type="checkbox"/> Non resident Alien	<input type="checkbox"/> American Indian		
	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Women Owned		
	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Disabled Owned		
	<input type="checkbox"/> NC State Agency			

1. Are you or any officer of your company or any member of your immediate family employed by the State of North Carolina? ___Yes ___No

If yes, list name, relationship, and agency where employed: _____

2. Are you or any officer of your company or any member of your immediate family a member of the UNCG Board of Trustees, any UNCG foundation board, or any UNCG related corporations, joint ventures, or associations? ___Yes ___No

If yes, list name, relationship, and which board: _____

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.

Signature: _____ Date: _____

Name (Please Print) _____ Title: _____

For Office Use Only: BANNER Vendor Number _____ **Date Entered:** _____ **Initials:** _____