

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 vendor 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, Accounts Payable, P.O. Box 26170, Greensboro, NC 27402-6170 or Fax to 336-334-3131.

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		

**Check
All
That
Apply**

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

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; (3) I am a U.S. person (including a U.S. resident alien); and (4) 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: _____