



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, 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		

Please Check All That Apply	Legal Status	Business Classification	Individual Status	Payment Terms
	<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 Signature (Complete the following)—Under penalties of perjury my signature certifies that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). (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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. (3) I am a US citizen or other US person (defined below).*

Certification Instructions: You must cross out item 2 above if you have been notified by IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, number 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature: _____ Date: _____

Name (Please Print) _____ Title: _____

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