

URI Vendor Reg. #

# University of Rhode Island

## SUBSTITUTE W-9 FORM

### PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

The IRS requires that you furnish your taxpayer identification number to us.

Failure to provide this information can result in a penalty by the IRS.

#### TAXPAYER IDENTIFICATION NUMBER (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

#### Social Security No. (SSN)

#### Employer ID No. (EIN)

#### DUNS No.

#### RI Secretary of State No.

If applicable, provide:

Company Name/Individual:

DBA (if applicable):

Mailing Address:

Remit Address (if different):

Phone:

Fax:

Email:

#### CERTIFICATION: Under penalties of perjury, I certify 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), and
- (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 Internal Revenue Service (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, and
- (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 the IRS that you are subject to backup withholding because you have failed to report all interest or dividends on your tax return.

#### PLEASE SIGN HERE

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### FEDERAL TAX CLASSIFICATION:

- Individual/Sole Proprietor     C Corporation     S Corporation     Partnership     Trust/Estate

#### CLASSIFICATION:

- Limited liability Company. Enter the tax classification (C = C corporation, S - S corporation, P - partnership)

- Other (see instructions):

#### BUSINESS DESIGNATION:

(if applicable)

- Medical Services Corporation     Legal Services Corporation     Exempt Payee Government/Nonprofit Corporation

#### VENDOR TYPE:

- Purchase Order Vendor     Employee     Student     Student/Employee     Other Vendor

#### GENERAL INSTRUCTIONS:

**NAME:** Be sure to enter your full and correct name as listed in the IRS file for you or your business.

**ADDRESS, CITY, STATE, ZIP CODE, PHONE, FAX & EMAIL:** Enter your mailing business address and remittance address (if different from your mailing address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

**CERTIFICATION:** Sign the certification; enter your title and date.

**FEDERAL TAX CLASSIFICATION:** Check Appropriate Box.

**BUSINESS DESIGNATION:** Check the appropriate box for the type of business ownership.