



NEW YORK STATE OFFICE OF THE STATE COMPTROLLER SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: STUDENTS NAME	2. Business name/disregarded entity name, if different from Legal Business Name: LEAVE BLANK
---	--

3. Entity Type (Check one only): SELECT INDIVIDUAL SOLE PROPRIETOR <input type="checkbox"/> Individual Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Corporation <input type="checkbox"/> Not For Profit <input type="checkbox"/> Trusts/Estates <input type="checkbox"/> Federal, State or Local Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Other _____	<input type="checkbox"/> Exempt Payee
--	---------------------------------------

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: <i>(DO NOT USE DASHES)</i> See instructions. THIS IS YOUR SS NUMBER	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> CHECK HERE Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-United States Business Entity)											

Part III: Address

1. Remittance Address: Number, Street, and Apartment or Suite Number STUDENTS STREET ADDRESS	2. Ordering Address: Number, Street, and Apartment or Suite Number LEAVE BLANK
City, State, and Nine Digit Zip Code or Country STUDENTS CITY, ST, and ZIP	City, State, and Nine Digit Zip Code or Country LEAVE BLANK
Email Address	

Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor

Primary Contact Name: LEAVE BLANK	Title: _____
Email Address: LEAVE BLANK	Phone Number: _____

Part V: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that: **CHOOSE YOUR OPTION**

1. The number shown on this form is my correct taxpayer identification number (TIN) and
2. I am a U.S. citizen or other U.S. person, and
3. (Check one only):
 - I am not subject to backup withholding.** I am (a) exempt from back up 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), or
 - I am subject to backup withholding.** I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

Sign Here: STUDENTS SIGNATURE _____ Signature	STUDENTS TITLE _____ Title	DATE SIGNED _____ Date
PRINT STUDENTS NAME _____ Print Preparer's Name	STUDENTS PHONE _____ Phone Number	STUDENTS EMAIL ADDRESS _____ Email Address