



Purchasing Department

Substitute Form W-9 - Taxpayer Identification Number and Certification

No payment will be released until this form is completed and returned.

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to federal income tax backup withholding. Use this form only if you are a **U.S. person** (including U.S. Resident alien).

❖ PLEASE PRINT OR TYPE

Name

Business name, if different from above

Address

City State Zip Code Contact name

Phone: (____) - _____ Fax: (____) - _____

Part II Taxpayer Identification Number (TIN)

LEGAL STATUS: Check (1) only.

- | | |
|---|---|
| <input type="checkbox"/> Individual/Sole proprietor | <input type="checkbox"/> Trust or Estate |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Tax-Exempt or Not-for-Profit (section 501 (C) 3) IRC |

Exempt from backup withholding

Employer Identification Number (EIN): _____ - _____

Social Security Number (SSN): _____ - _____ - _____
(For Individuals and Sole Proprietorship)

Legal Name of Entity that appears on your Federal Tax Return (This should correspond with the EIN or SSN provided above)

Part III Certification

Under penalties of perjury, I certify that:

- 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**
- 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**
- I am a U.S. person (including a U.S. resident alien).

Signature Title

Print Name Date

Please return the completed form via fax (404)-413-3165 or US mail to Georgia State University, Purchasing Department, PO BOX 4016, Atlanta, GA 30303