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| Substitute Form W-9 | Request for Taxpayer Identification Number and Certification | Give form to the requester. Do NOT send to the IRS. |
| Part I Taxpayer Information | | |
| IRS Reporting Name (must match IRS records – this name must match the Taxpayer Identification Number below) | | Exemptions: |
| Business Name, if different from above. (Doing Business As) | | Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ |
| Check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien or Permanent Resident <input type="checkbox"/> Non-Resident Alien/Foreign Entity If Resident Alien/Permanent Resident or Non-Resident Alien/Foreign Entity: Country of citizenship _____ Country of Origin _____ | | |
| Check appropriate box(es): <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Not for Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Individual/Sole Proprietor or Single Member LLC <input type="checkbox"/> LLC If LLC, choose tax classification (required): <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Sole Proprietor | | |
| Type of Business: <input type="checkbox"/> Small Business <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Minority Owned <input type="checkbox"/> Women Owned Choose as many <input type="checkbox"/> Government Entity <input type="checkbox"/> Educational Institution <input type="checkbox"/> LGBT Owned <input type="checkbox"/> Professional Organization as apply: <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Other – please explain _____ | | |
| Address (Number, street, and apt or suite number) | | Area code and phone number |
| City, State, and Zip Code | | Fax number |
| Email address | | Web address |
| Part II Taxpayer Identification Number (TIN) | | |
| Enter your TIN in the box provided. For individuals, this is your Social Security number (SSN). However, for a resident alien see page 2 of the IRS form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see "How to get a TIN" on page 2 of the IRS form W-9. IRS form W-9: http://www.irs.gov/pub/irs-pdf/fw9.pdf | | Taxpayer Identification Number |
| Part III Taxpayer Information | | |
| Is your company listed as debarred, or on the Government Excluded Parties List System? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Indicate if an Elon University employee is any of the following in your company: <input type="checkbox"/> Stockholder <input type="checkbox"/> Director <input type="checkbox"/> LLC Member <input type="checkbox"/> Partner <input type="checkbox"/> Employee <input type="checkbox"/> Joint Venture <input type="checkbox"/> Alumnus/Alumna or Friend _____ | | |
| Delivery of Purchase order will be emailed unless otherwise noted: <input type="checkbox"/> Email Address: <input type="checkbox"/> Other: | | |
| Primary NAISC Code: | | Dun & Bradstreet No: |
| Order Address that appears on your Purchase Order: | Remit to Address that appears on your invoice: | Requester's name and address: Elon University Accounting Department P.O. Box 398 Elon, NC 27244 |
| Nondiscrimination Policy: The University seeks to provide an educational community and workplace free of harassment and prohibited discrimination. To that end, it has adopted the following nondiscrimination statement: "Elon University does not discriminate on the basis of age, race, color, creed, sex, national or ethnic origin, disability, sexual orientation, gender identity, or veteran's status (collectively, "Protected Categories") in the recruitment and admission of students, the recruitment and employment of faculty and staff, or the operation of any of its programs." Consistent with our nondiscrimination statement, the University does not tolerate discrimination or harassment of employees, students or other individuals associated with the University including, but not limited to, vendors, contractors, and guests on the basis of any of these Protected Categories. | | |
| Part IV 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). 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. Certification Instructions. – You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest of dividends on your tax return. For real estate transaction, item 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 or dividends, you are not required to sign the Certification but you must provide the correct TIN. | | |
| Sign Here | Signature _____ Print Name _____ | Date _____ |
| Please email completed form to: accountspayable@elon.edu | | REVISED 05/16/2022 |