

RETURN
TO ASU

ARIZONA STATE UNIVERSITY SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

DO NOT
SEND TO IRS

*****LEGIBLY PRINT OR TYPE REQUIRED INFORMATION*****

Full Name:

Last (If individual -- otherwise business name) First M.I.

Address:

Address City State Zip

Phone:

()

Contact Person:

Are you doing business in Arizona for purposes of sales/use tax collection and remittance? Yes No
If "Yes", please provide Arizona License # _____ and sales/use tax rate charged ____% DUNS # _____

BUSINESS CLASSIFICATION: For Profit Retailer Manufacturer Wholesaler Professional Non-Profit Contractor Distributor Service Firm

SUPPLIER TYPE: If your business meets the Federal (S.B.A.) Small Business definition (FAR 19.001) and size standards (FAR 19.102), please check one of the following:

Large Business (LB) Small Business (SB) Small Disadvantaged (SD) Women Owned (WO) Women Disadvantaged (WD) Veteran Owned (VO)
Hub Zone (HZ) Exempt (EX) Minority Institution (MI) Non Profit (NP) Foreign Owned (FN) Disabled Veteran Owned (VD)

Part 1 - Tax Status

Individuals:

Individual Name: _____ Individual's Social Security Number _____
First Name Middle Initial Last Name

Sole Proprietor (or an LLC with one owner):

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.
Business Owner's Name: (REQUIRED) Business Owner's Social Security Number Business or Trade Name (OPTIONAL)
First Name M.I. Last Name Or Employer ID Number

Partnership (or an LLC with multiple owners):

Name of Partnership: Partnership's Employer Identification Number Partnership's Name on IRS Records

Corporation or Tax-Exempt Entity:

A corporation may use an abbreviated name or its initials, but its legal name is the name on articles of incorporation.
Name of Corporation or Entity: Employer Identification Number

Part 2 - Residency for Tax Purposes [APPLIES TO INDIVIDUAL TAXPAYERS ONLY]

- U.S. Citizen or permanent resident
- Nonresident Alien performing services in the U.S.
Country of Residence: _____
- Nonresident Alien performing services outside of the U.S.

If you are not a resident for tax purposes, the Alien Data Collection form must also be completed and attached. If your tax home has a tax treaty with the U.S. you may be eligible to claim exemption from backup withholding by completing IRS Form 8233. Otherwise, compensation payments to nonresident aliens are subject to a withholding rate of 30%. See www.asu.edu/fs/TaxDept/nrtax_g.htm for additional information.

Part 3 - Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

- Corporation No corporate exemption for medical, healthcare or legal services providers
- Tax Exempt organization under IRC §501
- The United States, its agencies or instrumentalities
- A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or agencies
- A foreign government or any of its political sub divisions or an international organization in which the United States participates under a treaty or Act of Congress

Part 4 - 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),
- 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 I am no longer subject to backup withholding,
- I am a U.S. person (including a resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Person completing this form:

Title:

Signature:

Date: