

EAST TENNESSEE STATE UNIVERSITY
REQUEST FOR TAXPAYER IDENTIFICATION
SUBSTITUTE W-9 FORM

Pursuant to Internal Revenue Service regulations, vendors/contractors must furnish their Taxpayer Identification Number (TIN) to the university. If this number is not provided, you may be subject to a 28% withholding on each payment. To avoid this 28% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Legal Name: _____

Address: _____

9 DIGIT TAXPAYER IDENTIFICATION NUMBER (COMPLETE ONE):

SOCIAL SECURITY NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

BUSINESS DESIGNATION (CHECK ONE)

- Individual
- Foreign Individual
- Partnership
- Corporation
- Not-for-Profit Corporation
- Sub-Chapter S Corporation
- Medical/Health Corporation
- Real Estate
- Other (specify)

Under penalties of perjury, I declare that I have examined this request and to the best of my knowledge and belief, it is true, correct and complete.

Name: _____

Title: _____

Telephone: _____

Signature: _____

Date: _____

NOTE: THIS FORM MUST BE MANUALLY SIGNED AND DATED IN INK BY ONE IN AUTHORITY.

Mail your completed form to: East Tennessee State University
Accounts Payable
P.O. Box 70729
Johnson City, TN 37614