



REQUEST FOR TAXPAYER INFORMATION

NO PAYMENTS WILL BE RELEASED UNTIL THIS FORM IS COMPLETED AND RETURNED

Federal law requires that we have on file a W-9 form with the Employer ID Number, or Social Security Number, and signature for each entity to whom the University makes a payment. Our records show that we do not have a current W-9 on file for you. Please complete this form and return it to UNC Greensboro, Accounts Payable, P.O. Box 26170, Greensboro, NC 27402-6170, Fax to 336-334-3131.
You may also submit via our Secure Submission Portal: <https://accountspayable.uncg.edu/secure-vendor/>

Taxpayer Identification Number(TIN) - Choose one and fill in the blank line with the applicable TIN:

Employer ID Number (EIN) _____

Social Security Number (SSN) _____

All TIN's are verified with the IRS for validity. This must be the TIN of the entity that UNCG will be remitting payment to.

Entity Name (as shown on TIN): _____

Business Name or DBA (if different from above): _____

	Order From Address	Remit To Address
Address 1		
Address 2		
City		
County		
State/Zip Code		
Country (if not USA)		
Contact Person		
Email Address - REQUIRED		
Phone Number - REQUIRED		
Fax Number		

Check all that apply:		NC HUB Certification	Individual Status	New Vendors Only Select Payment Terms
Corporation	Not-for-Profit	<input type="checkbox"/> African American Owned	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Net 15 = Virtual Payables
Partnership	Other (Specify)	<input type="checkbox"/> Hispanic American Owned	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Net 30 = ACH (Paymode-X)
Individual*		<input type="checkbox"/> Asian American Owned	<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Net 45 = Paper Check
Foreign Corporation		<input type="checkbox"/> American Indian Owned	NRA - Requires NRA-001 Form	<input type="checkbox"/> Other = By Contract. Procurement Review.
		<input type="checkbox"/> Social/Economically Disadvantaged		
		<input type="checkbox"/> Women Owned		
		<input type="checkbox"/> Disabled Owned		
		<input type="checkbox"/> NC State Agency		

*Also Sole Proprietor

1. Are you or any officer of your company or any member of your immediate family employed by the State of North Carolina? ___Yes ___No

If yes, list name, relationship, and agency where employed: _____

2. Are you or any officer of your company or any member of your immediate family a member of the UNCG Board of Trustees, any UNCG foundation board, or any UNCG related corporations, joint ventures, or associations? ___Yes ___No

If yes, list name, relationship, and which board: _____

Certification Signature:

Under penalties of perjury my signature certifies 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 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 (3) I am a US citizen or other US person (defined below).*

Certification Instructions: You must cross out item 2 above if you have been notified by IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, number 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 and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature: _____ Date: _____

Name (Please Print) _____ Title: _____