

REQUEST FOR TAXPAYER INFORMATION

NO PAYMENTS WILL BE RELEASED UNTIL THIS FORM IS COMPLETED LEGIBLY 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 person 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 to UNC Charlotte, A/P 418-A 4th floor Reese Bldg., 9201 University City Blvd., Charlotte, NC 28223 or FAX to 704-687-6514, or return to the Department requester at the following fax number -

UNC Charlotte Dept/Contact Person making the request for your W9 information	IMRS, Spencer Fresk, 704-687-2365
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PLEASE PRINT CLEARLY. IF ILLEGIBLE, PAYMENT WILL BE DELAYED.

Vendor Name: <small>(As shown on TIN)</small>	<small>(As</small>	
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Business Name or DBA: <small>(If different form above)</small>	<small>(If</small>	
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Taxpayer Identification Number: TIN/EIN/SSN
(Vendor and Business Name or DBA and TIN provided MUST match IRS records)

Employer Identification Number (EIN):	
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(Corporations, Trusts, Estates, Pension Truct Associations, Clubs, Religious, Charitable, Educational, or other tax exempt organizations, Partnerships, Brokers or registered nominees)

Social Security Number (SSN):	
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Certification – Under penalties of perjury, I certify that: (1) the number shown above is my correct taxpayer identification number; (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; (3) I am a US person (including a US resident alien); and (4) the information provided is complete and accurate as of this date.

Signature:	Date:
Printed Name:	Title:

	Order Address (VO)	Remit to Address (VR)
Street:		
Street:		
City:		
County:		
State/Zip Code:		
Telephone/Fax:		
Contact Person:		
E-mail Address:		
Account # Info.		

Check only one box per section: (Provide copy of Federal, State, or Local HUB/MWBE certification if indicated below.)

LEGAL STATUS	CORPORATE STATUS	BUSINESS CLASSIFICATION	PAYMENT TERMS
<input type="checkbox"/> Corporation (CP)	<input type="checkbox"/> Non or Not for Profit (NP)	<input type="checkbox"/> Minority Owned (MO)	<input type="checkbox"/> Net 30 (30)
<input type="checkbox"/> Partnership (PA)	<input type="checkbox"/> Foreign Corporation (FC)	<input type="checkbox"/> African American (MB)	<input type="checkbox"/> Net 15 (15)
<input type="checkbox"/> Other-(please specify) _____	<input type="checkbox"/> NC State Agency (NC)	<input type="checkbox"/> Hispanic American (MH)	<input type="checkbox"/> Net 10 (10)
	<input type="checkbox"/> Government (GO)	<input type="checkbox"/> Asian American (MA)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Individual / Sole Proprietor (IS)	Individual Status	<input type="checkbox"/> American Indian (MI)	
	<input type="checkbox"/> US Citizen (US)	<input type="checkbox"/> Women Owned (WO)	
	<input type="checkbox"/> Resident Alien (RA)	<input type="checkbox"/> Disabled Owned (DE)	
	<input type="checkbox"/> Non Resident Alien (NR)	- must complete Foreign Visitor Information Form	

For Office Use Only: UNC CHARLOTTE ID #:	Process by:
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Date:	1099 Reportable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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