

# Form W-9 Taxpayer Identification Number Request

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use appropriate form W-8.

- Instructions:**
1. Complete Part 1 by completing business name and address and one row of boxes that corresponds to your tax status.
  2. Also complete Part 2 if you are exempt from Form 1099 reporting.
  3. Complete Part 3 to sign and date the form then return completed form by fax or by mail.

**✓ - Part 1 - Complete only one row of the following boxes.**

**Individuals:** (Fill out this row)

Individual Name: (First Name, Middle Initial, Last Name) _____	Individual's Social Security Number _____
---	--

**Business Name:** \_\_\_\_\_

**Sole Proprietor:** (Fill out this row)

Business Owner's Name (REQUIRED) _____ (First Name)                      (Middle Initial) _____ (Last Name)	Business Owner's Social Security Number _____ or Employer ID Number _____	Business or Trade Name _____ _____
---	--	--

**Partnership:** (Fill out this row)

Name of Partnership _____ _____	Partnership's Employer Identification Number _____ _____	Partnership's Name on IRS records (See IRS mailing label) _____ _____
---------------------------------------	--	---

**Corporation, exempt charity, or other entity:** (Fill out this row)

A corporation may use abbreviated name/initials, but the legal name is the name on the articles of incorporation.

Name of Corporation or Entity: _____ _____	Employer Identification Number _____ _____	Are you incorporated?  Yes  No	D.B.A. or T.A. companies? Attach list of all business names.
--	--	--	---

**✓ - Part 2 - Exemption:** If exempt from Form 1099 reporting circle your qualifying exemption reason below:

1. Corporation except there is no exemption for medical and health care payments or payments for legal services
2. Tax Exempt - Charity under 501(a) includes 501(c)(3), or IRA
3. The United States or any of its agencies or instrumentalities
4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
5. A foreign government or any of its political subdivisions

**✓ - Part 3 - Signature:** I am a U.S. person (including a U.S. resident alien).

**Signature of Person completing this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Tax correspondence address: \_\_\_\_\_ Payment remit address if different from tax address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Mail to:** Arkansas State University  
Accounts Payable-Disbursing  
P. O. Box 2100  
State University, AR 72467

**Fax:** 870-910-8131  
**Phone:** 870-910-8264  
**E-mail:** vnelson@astate.edu