RUSH

Western Carolina UNIVERSITY

REQUEST FOR TAXPAYER INFORMATION

(828) 227-7203

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 person/organization to which the University makes a payment. Please complete this form and return it to Western Carolina University, Purchasing Department, 65 West University Way, 340 HF Robinson Bldg., Cullowhee, NC 28723 or **FAX to 828-227-7444** to update our files with a current W-9 for you.

Taxpayer/Employer Identification Number (TIN/EIN): _____ - _____

(For corporations, Trusts, Estates, Pension Trust Associations, Clubs, Religious, Charitable, Educational, or other tax exempt organizations, partnerships, Brokers or registered nominees)

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____

(For individuals and Sole Proprietorships)

Legal name: (As shown on TIN/EIN)	
Business Name or DBA: (if different from above)	

	For Purchase Orders	**For Checks (Remit to)**
Company Name:		
Street:		
Street:		
City:		
County:		
State/Zip Code:		
Contact Person:		
Telephone #:		
Fax #:		
E-Mail Address:		

Check all that apply:

LEGAL STATUS
- ☐ Corporation/State _____
- ☐ LLC – treated as Corp.
- ☐ Disregarded LLC
- ☐ Individual/Sole Proprietor
- ☐ Partnership
- ☐ Non or not for profit
- ☐ Other – (please specify)_____

INDIVIDUAL STATUS
- ☐ U S Citizen
- ☐ Resident Alien
- ☐ Non Resident Alien

BUSINESS CLASSIFICATION
- ☐ Small
- ☐ Women Owned
- ☐ Disabled Owned
- ☐ Disabled Owned Business Ent.
- ☐ Non-Profit Work Ctr. Blind/Dis.
- ☐ Socially/ Economically Disadvantagec

Minority Owned-
- ( ) Black
- ( ) Hispanic
- ( ) Asian American
- ( ) American Indian

PAYMENT TERMS

Net 30

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; and (3) the information provided is complete and accurate as of this date. ***The Internal Revenue Service does not require your consent to any provision of this document other than the Certifications required to avoid backup withholding.***

Signature_____ ***Date***_____

Name_____ ***Title*** _____