

**Request for Taxpayer Identification Number & Certification**

(SUBSTITUTE FORM)

Give form to the requester. Do not send to the IRS

Full Legal Individual Name (if individual or sole proprietor) or Company Name (as shown on your income tax return)	
Doing Business As (DBA) Name	Phone:
Check appropriate box:  <input type="checkbox"/> Corporation <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Government <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Limited Liability Company (Enter the tax classification. D=Disregarded Entity, C=Corporation, P=Partnership) _____	Fax:
	<input type="checkbox"/> Exempt from backup withholding
Address (number, street and apt or suite no.)	Requester's name and address <b>Board of Trustees of Southern Illinois University</b> <b>Southern Illinois University Edwardsville</b> <b>Purchasing Dept – Supporting Services Bldg Room 1020</b> <b>Supporting Services Road Box 1012</b> <b>Edwardsville IL 62026-1012</b> <b>Phone: 618-650-3255</b> <b>Fax: 618-650-3251</b>
City, State and Zip Code	
<b>PART I</b> Taxpayer Identification Number (TIN)	

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this generally is your social security number (SSN). However, for a sole proprietor, this could be SSN and/or EIN or for a resident alien, this could be your ITIN. For other entities, it is your employer identification number (EIN). If you do not have a number, apply for one immediately. To apply for a SSN, contact your local Social Security Office ([www.socialsecurity.gov](http://www.socialsecurity.gov)). To apply for an EIN, apply online at [www.irs.gov/businesses](http://www.irs.gov/businesses) and select Employer ID Numbers under Businesses Topics. You may also call 1-800-TAX-FORM.

SOCIAL SECURITY NUMBER or ITIN

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or

EMPLOYER IDENTIFICATION NUMBER

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**PART II** Certification

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number, and
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 Internal Revenue Service (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 U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. You are not required to sign the Certification, but you must provide your correct TIN. If you do not provide us with your correct taxpayer identification number, you may be subject to a \$50 penalty imposed by the IRS. In addition, you may be subject to 28% backup withholding on reportable payments.

Signature of U.S. person ►	Date ►
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FOR COMPLETE W-9 INSTRUCTIONS VISIT THE IRS WEB PAGE AT [www.irs.gov/formspubs](http://www.irs.gov/formspubs)

**PART III** Business Enterprise Program for Minorities, Females and Persons with Disabilities

In order to promote the development and use of minority or minority-owned businesses or services, Southern Illinois University, as an Illinois public university, is required to participate in the State of Illinois' Business Enterprise Program (BEP) for minorities, females, and persons with disabilities. The completion of this section will play an important role in our University's goal to obtain goods and services from qualifying individuals or businesses.

PLEASE SELECT THE APPROPRIATE BOXES:

If an individual: <input type="checkbox"/> Female <input type="checkbox"/> Male
If a company: <input type="checkbox"/> Female Owned (must own 51% or more) <input type="checkbox"/> Not Applicable
Select appropriate category: <input type="checkbox"/> African American <input type="checkbox"/> Alaskan American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Decline To Answer
If disabled, please check: <input type="checkbox"/> Person with Disability