

SUBSTITUTE W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) AND CERTIFICATION

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 back-up withholding.

PLEASE PRINT

NAME (as shown on your income tax return): _____

BUSINESS NAME (IF ANY): _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Please check the appropriate box:

- Individual/Sole Proprietor
- Partnership
- Corporation/Incorporated
- Non-Profit Organization
- Other _____

Enter your TIN in the appropriate space. For individuals, this is your social security number (SSN). For sole proprietors, it may be your SSN or your Employer Identification Number (EIN) if you have one for your business. All other entities must enter an EIN.

Social Security Number (SSN): _____

Employer Identification Number (EIN): _____

Certification: I certify that the number shown on this form is my correct taxpayer identification number.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Telephone: _____ email: _____
(OPTIONAL) (OPTIONAL)

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