St. Lawrence University Substitute W-9 Form

Section 1	St. Lawrence University, Purchasing Office, 23 Romoda Drive, Canton, NY 13617 Fax (315) 229-5807	Information contained in this form will be used by St. Lawrence University to prepare information returns (FORM 1099), payment of invoices, and for withholding on payments, when applicable. Prompt and accurate completion of this form will prevent delays while processing your payment.

Section 2
Name and Address

Name (as shown on Income tax return):	Phone:	Fax:
Business Name (If different from above):	Email:	
Mailing Address:	Remit-to Address (if different):	
City, State and Zip Code:	Remit-to City, State and Zip Code:	

Section 3
Taxpayer Identification Number (TIN)
Choose One Type Only

Please select your entity classification and enter your TIN in the appropriate section below. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident Alien, sole proprietor, or disregarded entity see the Part I instruction on page 3 of IRS Form W-9. For other entities, it is your employer identification number (EIN).

☐ Individual/sole proprietor or Single Member LLC   ☐ Other _____
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate
☐ Limited Liability Company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership) _____

Individual or Sole Proprietor – Social Security Number: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Employer Identification Number: ___ ___ - ___ ___ ___ ___ ___ ___ ___

Note: Payment cannot be processed without one of the above TIN.

Section 4
Exemptions
Only If Applicable

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3 of IRS Form W-9):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

Section 5
Payment Terms

☐ Net 30 ☐ Due on Receipt (performers, officials, referees, etc.) ☐ Other: _____

Section 6
Small Business Information

☐ Minority Owner/Managed Business ☐ Woman Owned/Managed Business ☐ Local Business	☐ Certified Small Business: Certification No.: ☐ Certified Sustainable: Certification No.: ☐ Certified Disabled Veteran: Certification No.:

☐ SLU Related (Having any ties to SLU: Alumni, employee, spouse of employee, etc.)
_____

Section 7
Certification

Under the penalties of perjury I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 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. Citizen or other U.S. person (as defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Definition of a U.S. Person
- An individual who is a U.S. Citizen or U.S. resident alien,
- A partnership, corporation, company or association created or organized in the United States or under the laws of the United States,
- And Estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

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. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Section 8
Certifying Signature

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Vendor Representative's Name:	Title:	
Signature:	Date:	Phone:

FOR INTERNAL USE ONLY
Department: _____ SLU Contact: _____
☐ Honorarium ☐ New Vendor ☐ Reimbursement ☐ Performer/Speaker ☐ Not For Profit ☐ Game Officials
ensure all necessary contracts and certificates of insurance are included with new vendors where necessary
COLLEAGUE ID NUMBER: _____ Date:_____