

State of Rhode Island - University of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Social Security No. (SSN)

Employer ID No. (EIN)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

NAME

DBA (IF APPLICABLE)

ORDERING ADDRESS

CITY, STATE AND ZIP CODE

REMITTANCE ADDRESS (IF DIFFERENT)

TELEPHONE NUMBER

FAX NUMBER

ORDERING E-MAIL ADDRESS

CERTIFICATION: Under 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 either because: (A) 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

SIGNATURE _____

Title:

Date:

BUSINESS DESIGNATION (check one)

☐ Individual

☐ Medical Services Corporation

☐ Government/Nonprofit Corporation

☐ Partnership

☐ Corporation

☐ Trust/Estate

☐ Legal Services Corporation

NAME: -- Be sure to enter your full and correct name as listed in the IRS file for you or your business. **ADDRESS, CITY, STATE AND ZIP CODE** - Enter your ordering address and remittance and list any other addresses we need to know about, add attachments if necessary. If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

ATTACHMENT TO URI SUBSTITUTE W-9 FORM

Individual	A person (not an actual business) who has a non-employee relationship with URI by providing goods or services and should receive payment as an individual and not a business.
Sole Proprietor	An individual operating a business in which the business does not exist separately from the owner. The individual accepts the risks of the business to the extent of all his or her assets, whether used in the business or used personally.
Corporation	A person or group of people who incorporate by receiving a charter from their Secretary of State. Includes associations, joint stock companies, insurance companies, and trusts and partnerships that operate as associations or corporations.
Partnerships	A relationship between two or more persons who join together to carry on a trade or business. Each partner contributes money, property, labor or skill, and expects to share in the profits and losses of the business. Partners can be individuals, corporations, trusts, estates and other partnerships.
Small Business	A small business independently owned and operated and not dominant in its fields and meets the specific size requirements under gross business and employee levels as set for each industry by the SBA.
Small/ Disadvantaged	A small business concern that is at least 51% owned and operated by one or more individuals who are socially and economically disadvantaged as determined by the SBA.
Minority	Any legal entity organized to engage in commercial transactions which is at least 51% owned, controlled and operated by one or more minority persons. (Hispanic, Asian-Pacific American, Black or Native American and other minorities or individuals found to be disadvantaged by the SBA).
Women-Owned	A business that is at least 51% owned by a woman or women, and whose management and daily operations are controlled by a woman or women.
HUBZone Certified	A business that is operating in a certified historically under-utilized business zone. There are 7,000 qualified census tracts (HUD) and 900 qualified non-metropolitan counties.
Veteran-Owned	A business that is at least 51% owned by one or more veterans, who control and operate the business. The term "Veteran" (38 USC 101(2)) means a person who served in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable.
AA/EO	Affirmative Action/Equal Opportunity Employer