Illinois Institute of Technology

SUBSTITUTE FORM W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

We are updating our vendor records and request that you complete the information below.
Name must be the same as filed with the IRS or the Social Security Administration as applicable.

LEGAL NAME

BUSINESS NAME COMPLETE ONLY IF DOING BUSINESS AS (d/b/a)

ADDRESS (number, street, and apt. or suite no.)

CITY, STATE, ZIP CODE

TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	WEB ADDRESS

☐**Y** ☐**N** | Do you accept Master card payments?

☐**Y** ☐**N** | Has or is your business involved in Federal debarment proceedings? If Yes, please attach a letter of explanation.

PART I TAXPAYER IDENTIFICATION NUMBER (TIN)

☐ **U.S. Resident - Individual / Sole Proprietor** (Form 1099 reportable) **[SSN or EIN]**
☐ **U.S. Partnership, Limited Liability Company (LLC), or Trust** (Form 1099 reportable) **[EIN]**
☐ **U.S. Corporation** (exempt from Form 1099 reporting except for medical services or legal services) (If an LLC electing corporate status for U.S. tax purposes, please attach a copy of your U.S. tax election on IRS Form 8832, *Entity Classification Election*) **[EIN]**
☐ **Tax-Exempt Organization or Federal, State, or Local Government Agency** (exempt from Form 1099 reporting)**[EIN]**

PART II MINORITY BUSINESS INDICATOR

☐Women-Owned Business ☐Black ☐Hispanic ☐Disabled
☐Asian or Pacific Islander ☐Native American or Alaskan Native ☐Other _____

If certified as a Minority Business Enterprise, please indicate what agency issued the certification, your certification's registration number and expiration date:

Agency: _____ Registration Number:_____ Expiration Date:_____

PART III CERTIFICATION

Under penalties of perjury I certify that:

1. The number shown 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), and
4. I certify that the information provided on this form is accurate.

SIGN HERE →	SIGNATURE REQUIRED	DATE
PRINT NAME		TITLE

RETURN COMPLETED FORMS TO:
ILLINOIS INSTITUTE OF TECHNOLOGY 3300 S. FEDERAL ST. SUITE 201 ACCOUNTS PAYABLE DEPT. CHICAGO, IL. 60616
PH 312 567 3331 FX 312-567 5180 EMAIL accountspayable@iit.edu