Please fill out form completely, print and sign.

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ILLINOIS INSTITUTE OF TECHNOLOGY

SUBSTITUTE FORM W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Name must be the same as filed with the IRS or the Social Security Administration as applicable

LEGAL NAME			
BUSINESS NAME			
ADDRESS (number, street, and apt or suite no.)			
CITY, STATE, ZIP CODE			
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	WEB ADDRESS

Describe your primary business activity:

☐ Y ☐ N Do you accept Master Card payments?

☐ Y ☐ N Has or is your business involved in debarment proceedings; has or is it involved in litigation related to debtor in bankruptcy, defendant in a lawsuit for deficient performance, and/or defendant in any criminal action? If yes, please attach a letter of explanation.

Part 1 **TAXPAYER IDENTIFICATION NUMBER (TIN)**

SSN: ____ - ____ - ____ or EIN: ____ - ____

☐ US Resident – Individual/Sole Proprietor (Form 1099 reportable) [SSN or EIN]

☐ US Partnership, Limited Liability Company (LLC), or Trust (Form 1099 Reportable) [EIN]

☐ US Corporation (exempt from Form 1099 reporting except for medical services or legal services) (If an LLC electing corporate status for US tax purposes, please attach a copy of your US 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 2 **MINORITY BUSINESS INDICATOR**

☐ Women-Owned Business ☐ Black ☐ Hispanic ☐ Disabled

☐ Asian or Pacific Islander ☐ Native American or Alaskan Native ☐ Other ____

If claiming certification as a Minority or Women-owned Business Enterprise, please indicate what agency issued the certification, your certification's registration number, and expiration date:

Agency: ____ Registration No.: ____ Expiration Date: ____

Part 3 **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 US person (including a US resident alien), and
4. I certify that the information provided on this form is accurate.

Signature Required	Date / / 2008
Print Name	Title

Return Completed Forms to:

Illinois Institute of Technology 3300 S Federal St, Ste 201 Accounts Payable Dept Chicago, IL 60616

PH: 312.567.3331 FX 312.567.5180 email: accountspayable@iit.edu

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