

Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions

<p>Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First, MII</p>	<p>Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation (includes service corporations)</p> <p><input type="checkbox"/> Limited Liability Company – Partnership</p> <p><input type="checkbox"/> Limited Liability Company – Corporation</p> <p><input type="checkbox"/> Governmental or Tax Exempt Entities (specify, e.g. 501(c)(3), etc.)</p> <p>Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using you EIN may result in unnecessary notices to the requestor. <u>Required</u></p> <p>_____</p> <p>Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
<p>Trade Name If doing business as (DBA) or enter business name of Sole Proprietorship</p>	
<p>Order Address (where orders should be mailed) PO Box or Number and Street, City, State, Zip + 4</p>	
<p>Remit Address (where checks should be mailed, if different from Order Address) PO Box or number and street, City, State, Zip + 4</p>	

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.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ()
Signature		Date

Taxpayer Identification Request

In order for the State of South Carolina to comply with the Internal Revenue Service regulations, this is a request that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the South Carolina Comptroller General's Office in order that the State may update its vendor file with the most current information.

Please complete this form even if you are exempt from backup withholding and make sure that the form is complete and correct. **Failure to provide this information may require the State to withhold payment of outstanding invoices until the information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity must be entered on the first line exactly as it was registered with the Internal Revenue Service when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic he or she is associated with.

Thank you for your cooperation.