

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Anthony Nahacky, Jr.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- ☒ Individual/sole proprietor or single-member LLC  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶
- ☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

**87-2869 Mamalahoa Hwy.**

6 City, state, and ZIP code

**Captain Cook, Hawaii 96704**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number  
2 6 3 - 8 6 - 3 8 9 6

or  
Employer identification number  
- - - - -

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

*Anthony Nahacky Jr.*

Date ▶

4/17/2016

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.





University Procurement Services

## Independent Contractor or Employee Determination Form

This questionnaire is intended to help you determine Independent Contractor or Employee Classification. The following questions are designed to assist you in determining whether a sufficient level of control is present to establish an employee/employer relationship. These questions have been derived from specific "control" factors defined by the Internal Revenue Service. Determination of Independent Contractor or Employee Classification is made by the University Tax Director.

Instructions: As required under University Policy 20.1.17, this form must be completed for the engagement of professional service providers. The completed form (including all signatures must be attached to the requisition in RIAS or MarketPlace).

**NOTE:** If it has been determined that the individual has been designated as an employee, and then departments can reach out to their designated Human Resource Consultant at <http://uhr.rutgers.edu/hr-consultant-assignments>.

### To be completed by Service Provider

<b>Name of Individual/Business</b> Anthony Nahacky, Jr.	<b>Explain in detail the nature of the service to be provided:</b> Collect coral reef fish and run a training course on collecting coral reef fish in Leyte, Philippines.
<b>Street Address</b> 87-2869 Mamalahoa Hw.	
<b>City, State and Zip Code</b> (Foreign entities, please complete <a href="#">Foreign Visitor Info Sheet</a> ) Captain Cook, Hawaii, 96704	
<b>How many FT Employees:</b> (+5 FT employees, Supplier is not required to answer questions 1-18, but signature of attestation is required.)	

1	Are you a current employee or have you been a Rutgers employee during the past twelve (12) months?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
2	Does Rutgers provide direction or have the right to control how the work is performed?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3	Is Rutgers requiring you to attend any training or employee orientation?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4	Does Rutgers hire, supervise and pay assistants to help you with the services provided?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5	Does Rutgers set your work schedule, i.e. the number of hours to be worked and when?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
6	Does Rutgers provide you with office space, tools, materials and supplies necessary to complete the work?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7	Will the contract payment be based on an hourly, weekly, or monthly rate? If yes, how: <i>Daily</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
8	Will you receive pension, healthcare, tuition, or other benefits from the State Health Benefits Program and/or Rutgers? If yes, what:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
9	Do you perform similar services for Rutgers on a continuous basis? If yes, indicate length of service:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10	Do you market your services to the general public?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
11	Are you free to provide services for entities other than Rutgers concurrently with this assignment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
12	Can Rutgers discharge you for reasons other than non-performance of the contract?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
13	Do you bear all the expenses of the service engagement (i.e. travel and business expenses, etc.)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
14	Are you a current or former federal, state, and/or local elected or appointed government official? Former public officials are defined as those who have held office or other public positions within three years of their Rutgers employment or engagement.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15	Will you be instructing a Non-Credit class?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
16	Did you develop the course syllabus and materials?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
17	Will the course be held on Rutgers' campus?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
18	Provide your professional service website address: <i>N/A</i>	
19	Provide the names of customers other than Rutgers (i.e. Client Name, Contact, Website, Email, Phone) as an attachment.	

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE QUESTIONS HAVE BEEN ANSWERED CORRECTLY.

  
SIGNATURE OF INDIVIDUAL OR COMPANY OFFICIAL AND TITLE

*4/17/2016*  
DATE

By submitting this registration form, you certify that all information provided is accurate and reliable; your company is not suspended or debarred by the Federal Government or the State of New Jersey from participating in Federal or State funded projects; have not been sanctioned by or excluded from participation in any federal or state health care program, including Medicare and Medicaid; and that no conflict of interest exists or will exist as a result of your participation as a Rutgers supplier (Conflict of Interest: <https://purchasing.rutgers.edu/> )