



# Wellesley College

106 Central Street  
Wellesley, MA 02481-8294

Company Name \_\_\_\_\_ OR

Individual \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

## ACCOUNTS PAYABLE'S QUESTIONNAIRE

This questionnaire must be completed before a check will be issued. Only one form is required for each payee unless there is a change in status.

Please check those which apply to you:

- ☐ Corporation (non medical)
- ☐ Medical Corporation
- ☐ Attorneys
- ☐ Partnership
- ☐ Sole Proprietorship / Independent Contractor / Honoraria
- ☐ Government Entity
- ☐ Tax Exempt Organization under IRS (501) rules

Please check the type of transactions for which payments are made to you.

- ☐ Materials only
- ☐ Materials and services
- ☐ Services only

I certify that I am not subject to any backup withholding and that the following is my correct taxpayer identification number.

TIN OR S.S. # \_\_\_\_\_ (Must Match the Above Name)

Signature of U.S. person \_\_\_\_\_ Date \_\_\_\_\_

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### For Resident Aliens Only

I certify with my signature that I am a resident of the United States

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to (781) 283-3641, attention of Ali Ahmed.