



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Type (preferred) or Print

Please see attachment or reverse for complete instructions.

<p>Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI</p> <hr/> <p>Trade Name If doing business as (DBA) or enter business name of Sole Proprietorship</p> <hr/> <p>Order Address (where orders should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>Remit Address (where checks should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>Business Classification – This section is voluntary and information provided is confidential. Check all that are applicable.</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Small Business</td><td><input type="checkbox"/> Disadvantage Business</td></tr><tr><td><input type="checkbox"/> HUBZone Small Business</td><td><input type="checkbox"/> Minority Institution</td></tr><tr><td><input type="checkbox"/> Veteran Owned Small Bus.</td><td><input type="checkbox"/> Minority-Owned Business</td></tr><tr><td colspan="2"><input type="checkbox"/> Service Disabled Veteran Owned Small Business</td></tr><tr><td colspan="2"><input type="checkbox"/> Woman Owned Business</td></tr></table>	<input type="checkbox"/> Small Business	<input type="checkbox"/> Disadvantage Business	<input type="checkbox"/> HUBZone Small Business	<input type="checkbox"/> Minority Institution	<input type="checkbox"/> Veteran Owned Small Bus.	<input type="checkbox"/> Minority-Owned Business	<input type="checkbox"/> Service Disabled Veteran Owned Small Business		<input type="checkbox"/> Woman Owned Business		<p>Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities</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 your EIN may result in unnecessary notices to the requester.</p> <p># _____</p> <p>Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
<input type="checkbox"/> Small Business	<input type="checkbox"/> Disadvantage Business										
<input type="checkbox"/> HUBZone Small Business	<input type="checkbox"/> Minority Institution										
<input type="checkbox"/> Veteran Owned Small Bus.	<input type="checkbox"/> Minority-Owned Business										
<input type="checkbox"/> Service Disabled Veteran Owned Small Business											
<input type="checkbox"/> Woman Owned Business											

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 back up 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 back up 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 / Facsimile Number (Required)
Signature		Date (mm/dd/ccyy)

Optional Direct Deposit Information ***			
Your Bank Account Number	Type of Account <input type="checkbox"/> checking <input type="checkbox"/> savings	Bank Name	Bank Routing No. (9-digit ABA #)

THIS IS A:

☐ new direct deposit ☐ change of existing ☐ additional direct deposit ☐ email change only

<p>Order From E-mail address (Please make this LEGIBLE)</p> <p>Remit To E-mail address (If different from Order From)</p>	<p>Website:</p>
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*****If you provide your Direct Deposit information you must also provide an accurate email address.**

Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name MI
Sole Proprietorships: Enter Last Name, First Name MI
All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing business as a DBA

Order Address

Address where orders should be sent.

Remit Address

Address where checks should be sent.

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE: Social Security Number OR Employer Identification Number OR Individual Taxpayer Identification Number.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

Certification

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.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

Taxpayer Identification Request

In order for the State of South Dakota to comply with the Internal Revenue Service regulations, this letter requests 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 Dakota Bureau of Finance and Management in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 28% withholding on each payment or require the State to withhold payment of outstanding invoices until this information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / 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 IRS 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.

Please complete the **Fax information** so Purchase Orders can be sent to you electronically if applicable.

Please complete the **Direct Deposit Information** if you wish to have your payments direct deposited. Also, please provide an accurate email address so the deposit information can be sent to your remit to email address.

Thank you for your cooperation in providing us with this information. Please return the completed form to:

Dakota State University
Business Office
820 N Washington Ave
Madison, SD 57042

Or send faxes to:

605-256-5197

Enclosure