



Please return the completed form by fax or mail to:  
#1 Fax to: (678) 839-6381  
#2 Mail to: University of West Georgia  
Purchasing Services  
Carrollton, GA.30118

## VENDOR PROFILE

Wendi Thompson  
wthompson@westga.edu

Vendor Name: Thorne, Frank  
(If individual, enter last name first)

### Taxpayer Identification Number

Federal ID Number	Or	Social Security Number
		243 51 4777

### Mailing Address

Address line 1: 2524 Blossom St.  
Address line 2: Apt J  
City/State/Zip: Columbia SC 29205  
Phone: 608 335 4436 Ext. \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email: thorne@math.sc.edu

### Payment/Remit Address

Address line 1: Same  
Address line 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Website: \_\_\_\_\_

### Type of Organization:

- ☒ Individual Recipient (not owning a business) ☐ Sole Proprietorship ☐ Partnership  
☐ Corporation ☐ Nonprofit Organization ☐ Government Entity ☐ Other \_\_\_\_\_  
☐ Exempt from backup withholding (Refer to Form W-9 for instructions or questions)

Information below is not required for those classified above as "Individual Recipient" (not owning a business)

### Business Classification:

- ☐ Large Business  
☐ Small Business (a small business is defined as one with fewer than 100 employees or less than \$1 million in gross receipts per year)  
☐ Minority-owned (please select appropriate sub-category below)  
☐ African American ☐ Asian American ☐ Native American ☐ Pacific Islander ☐ Hispanic  
☐ Woman-owned  
☐ Other

### Gender

- ☒ Male ☐ Female

### Relationship:

Are you an employee, student employee or retired employee of UWG? ☐ Yes ☒ No

Explain any relationship you or any material investor in your company has to any UWG employee:

Standard Payment Terms: Frank Thorne

I certify that the information I have provided on this form is correct.

Signed

Date

## 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.	Name (as shown on your income tax return) <b>Frank H. Thorne</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) <b>2524 Blossom St. Apt J</b> City, state, and ZIP code <b>Columbia SC 29205</b>	
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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number										
2	4	3	-	5	1	-	4	7	7	7

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).

**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 4.

Sign Here	Signature of U.S. person ▶ 	Date ▶ <b>11-10-11</b>

### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



102 S Cottage Hill RD • Carrollton, GA 30117  
Phone (770) 838-7722 • Fax (770) 838-7419



THORNE, FRANK  
2524 BLOSSOM ST  
COLUMBIA, SC 29205  
US

name  
address

room number: 407/SXQL  
arrival date: 10/26/2011 9:27:00PM  
departure date: 10/29/2011  
adult/child: 1/0  
room rate: \$89.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Confirmation: 85362822

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RATE PLAN C-MIC  
HH#  
AL  
BONUS AL CAR

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount	
10/26/2011	404701	GUEST ROOM	\$89.00	
10/26/2011	404701	STATE SALES TAX	\$6.23	
10/26/2011	404701	CITY OCCUPANCY TAX	\$4.45	
10/27/2011	404834	GUEST ROOM	\$89.00	
10/27/2011	404834	STATE SALES TAX	\$6.23	
10/27/2011	404834	CITY OCCUPANCY TAX	\$4.45	
10/28/2011	405013	GUEST ROOM	\$89.00	
10/28/2011	405013	STATE SALES TAX	\$6.23	
10/28/2011	405013	CITY OCCUPANCY TAX	\$4.45	
		WILL BE SETTLED TO VS *8159	\$299.04	
		EFFECTIVE BALANCE OF	\$0.00	
		ESTIMATED CURRENCY TOTAL		

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

account no.	date of charge	folio/check no.
		129494 A
card member name	authorization	initial
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		

