

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

ACESSON	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION		
TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.			
Part I: Vendor Inform	nation		
1. Legal Business Name:		Business name/disregarded entity name, if different from Legal Business Name:	
3. Entity Type (Check or Individual Sole Prop Trusts/Estates Other	· — — —		Exempt Payee
Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type			
Enter your TIN here: See instructions.	(DO NOT USE DASHES)		
2. Taxpayer Identification Type (check appropriate box): Employer ID No. (EIN) Social Security No. (SSN) Individual Taxpayer ID No. (ITIN) N/A (Non-United States Business Entity)			
Part III: Address			
Remittance Address:		2. Ordering Address:	
Number, Street, and Ap	artment or Suite Number	Number, Street, and Apartment or Suite Number	
City, State, and Nine Digit Zip Code or Country		City, State, and Nine Digit Zip Code or Country	
		Email Address	
Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor			
Primary Contact Name:		Title:	
Email Address:	mail Address: Phone Number:		
Part V: Certification	and Exemption from Backup Withho	olding	
Under penalties of perjury,	I certify that:		
1. The number sho	wn on this form is my correct taxpayer identificat	tion number (TIN), and	
2. I am a U.S. citizen or other U.S. person, and			
3. (Check one on	ly):		
Internal Reven		exempt from back up withholding, or (b) I have not b up withholding as a result of a failure to report all int backup withholding),or	
I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.			
Sign Here:			
	Signature	Title	Date

DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED

Phone Number

Email Address

Print Preparer's Name

NYS Office of the State Comptroller Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

- Legal Business Name: For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
- 2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
- 3. Entity Type: Check the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

- 1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
- 2. **Taxpayer Identification Type:** Check the type of identification number provided.

Part III: Address

- 1. Remittance Address: Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
- 2. Ordering Address: Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

Part IV: Vendor Primary Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

Part V: Certification and Exemption from Backup Withholding

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.