



# PennState

The Pennsylvania State University  
20 HUB Robeson Center  
University Park, PA 16802  
(814) 865-7590  
(814) 865-2929 FAX

Dear Vendor:

The University is required by law to obtain a tax identification number when making reportable payments to vendors. Please complete the following Substitute FORM W-9 and return it with the other new merchant paperwork.

<b>Substitute W-9 FORM</b>	<b>REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION</b>	Return this form to the requester. DO NOT send to the IRS.
<b>Taxpayer's Name (As shown on your income tax return)</b>		

<b>Business Name (If different from Taxpayer's Name)</b>
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<p><b>PART I</b> Please check the appropriate box and enter your Taxpayer Identification Number (TIN) below on the appropriate line. <b>Your TIN is the number under which you file your Income Tax Return, established for the Tax Payer Name shown above.</b></p> <p> <input type="checkbox"/> <b>Individual/Sole Proprietor</b>                                          <input type="checkbox"/> <b>Corporation</b>                                          <input type="checkbox"/> <b>Partnership/LLC/LLP</b>  <input type="checkbox"/> <b>Other</b> _____       </p> <p><b>If you use an SSN to file your business income tax return, enter the Individual's Name and Social Security Number</b></p> <p>_____ <b>SSN:</b> ____ - ____ - ____</p> <p><b>Or, else enter your Business Name and applicable Federal Taxpayer Identification Number</b></p> <p>_____ <b>TIN:</b> ____ - ____</p>
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Address (number, street, and apt or suite no.)	Taxpayer's Phone Number ____ - ____ - ____
City, State and ZIP Code	Taxpayer's Fax Number ____ - ____ - ____

Under penalties of perjury, I certify that the number shown on this form is my correct TIN and that all other requested information is correct, that I am a U.S. person, and that I am not subject to backup withholding because (1) I am exempt from withholding or (2) I have not been notified by a tax agency, including the Internal Revenue Service that I am subject to backup withholding.

Print Name
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Sign Here	Date
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