

Southeastern Louisiana University
Division of Administration and Finance - Purchasing Office
Request for Taxpayer Identification and Certification
(Substitute for IRS Form W-9)

Legal Name

Business Name (if different from above)

Address (Number, street, and apt or suite no.)

City, State and Zip Code

Check Appropriate Box

Individual/Sole Proprietor
 Partnership
 Government

Corporation
 Limited Liability Company
 Association/Estate/Trust

Tax-Exempt Organization (501C)
 Other

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given above to avoid backup withholding. For Individuals, this is your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). For other entities, it is your Employer Identification Number (EIN).

Social Security Number (SSN)

Employer Identification Number (EIN)

Individual Taxpayer Identification Number (ITIN)

Part II - Exemption

If exempt from 1099 reporting, check the appropriate box for qualifying exemption reason below:

- Corporation, except there is no exception for medical and healthcare payments or payments for legal services
 Tax exempt Charity under 501(a) or IRA
 The United States or any of its agencies or instrumentalities
 A state, District of Columbia, a possession of the United States, or any of their political subdivisions
 A foreign government or any of its political subdivisions

Part III - Supplemental Information

Please check appropriate Provider type of services:

- Rents or royalty payments; prizes and awards that are not services, such as, winning on TV or radio shows
 Payments to crew members by owners or operators of fishing boats, including payments of proceeds from sale of catch
 Payments to physicians, physicians' corporations, or other supplier of health and medical services. Issued mainly by medical assistance programs or health and accident insurance plans
 Payments for services performed for a trade or business by people not treated as its employees. Examples: Fees to subcontractors or directors and golden parachute payments
 Crop Insurance proceeds
 Gross proceeds paid to attorneys
 Payments for accounting and/or CPA services

Part IV - Certification

Under the penalties of perjury, I certify that:

- (1) The number shown on this form, is my correct taxpayer identification number (or I am writing for a number to be issued to me), and
(2) 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
(3) I am a US person, including a US resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Signature

Date

Name of Individual completing this Form

Telephone Number

E-mail Address

Please Print and Fax **Electronically Completed** Form to (985) 549-3810.
Handwritten forms will not be accepted.