

Substitute Form W-9	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do NOT send to the IRS.
---------------------	---	--

Part I Taxpayer Information

IRS Reporting Name (must match IRS records – this name must match the Taxpayer Identification Number below)	Exemptions: Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Business Name, if different from above. (Doing Business As)	

Check one: U.S. Citizen Resident Alien or Permanent Resident Non-Resident Alien/Foreign Entity

If Resident Alien/Permanent Resident or Non-Resident Alien/Foreign Entity: Country of citizenship _____ Country of Origin _____

Check appropriate box(es):

C Corporation S Corporation Individual/Sole Proprietor Not for Profit Trust Partnership

Government Estate

LLC **If LLC, choose tax classification (required):** C Corp S Corp Partnership Individual/Sole Proprietor

Choose as many as apply: Medical Service Provider Lawyer/Attorney

Address (Number, street, and apt or suite number)	Area code and phone number	Fax number
City, State, and Zip Code	Email address	Web address

Part II Taxpayer Identification Number (TIN)

Enter your TIN in the box provided. For individuals, this is your Social Security number (SSN). **However, for a resident alien see page 2 of the IRS form W-9.** 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 2 of the IRS form W-9. IRS form W-9: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Taxpayer Identification Number

Part III Taxpayer Information

The undersigned certifies that the above named company maintains a business classification as indicated below. Further, it is understood and agreed that misrepresentation of the supplier's business classification is subject to penalties as prescribed in FAR Clause 52.219.1, "Small Business Program Representations."

Type of Business Small Large Historically Black Colleges & Universities Alaska Native Corporation/Indian Tribe (Large/Non Certified as SDB)

Subcategories of Small Business (the company is at least 51% owned, controlled, actively managed by). Check all that apply:

Type of Business Small Disadvantaged Business Woman Owned Veteran Owned HUBZone Service-Disabled Veteran Owned Minority Owned

Is your company listed as debarred, or on the Government Excluded Parties List System? Yes No

Indicate if a University of Michigan employee is any of the following in your company: Stockholder Director LLC Member Partner Employee Joint Venture

Delivery of Purchase order will be fax unless otherwise noted: Fax: Email Address: Mail

Primary NAISC Code: _____ Dun & Bradstreet No: _____

Order Address that appears on your Purchase Order:	Remit to Address that appears on your invoice:	Requester's name and address The University of Michigan, Shared Services Center 3003 South State Street Ann Arbor, MI 48109
---	---	---

Part IV 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).
- 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.

Certification Instructions. – You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest of dividends on your tax return. For real estate transaction, 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 or dividends, you are not required to sign the Certification but you must provide the correct TIN.

Sign Here Signature _____ Date _____

Print Name _____