



3 D \ Form / Substitute W-9

6 X E P L W W R V E X U V H P H Q W 7 U D 6 H 0 6 H U Y L F H V
3 2 % R [+ X Q W V Y L O O H 7 ;
) D [
3 K R Q H
(P D L O D F F W V S D \ # V K V X H G X

Instructions: 9HQGRUV PXVW FRPSOHWH WKH IRUP SULQW VLJQ 6HFWLRQ & RU ' DQG (DQG DJUHHV WR LQGHPQLI\ DQG KROG 6DP +RXVWRQ 6WDWH 8QLYHUVLV\ KDUPOHVV IRU GHODV

SECTION A - VENDOR GENERAL INFORMATION (Required)

Type of P D \ P H Q W 3 U R V S H F W L Y H (P S O R \ H U , G H Q W L I L F D W L R Q 1 X P E H U)
Type of Vendor , Q G L Y L G X D O 6 R O H 3 D \ P H Q W 5 H P L W W D Q F H & R X Q W U \ R U S R U D W L R Q 3 D U W Q H U V K L S U X X V W (V W D W H
/ L P L W H G / L D E L O L W \ F R P S D Q \ (Q W H U & W K B R U D W L R Q 3 D U W Q H U V K L S U X X V W (V W D W H
7 H [D V & K D U W H U 1 X P E H U) H G H U D O \$ J H Q F D W H [B U J H Q F \ O H G L F D O / H J D P S W 3 D \ H H
Foreign Vendors Only: 1 R Q U H \$ G H Q W R P H & R X Q W U \

3 O H D V H D W W D F K W K H D S S U R S U L D W H , 5 6) R U P : V H H 3 X E O L F D W L R Q : L W K K R O G L Q J R
Section B - VENDOR DETAILS (Required):

9HQGRU 1DPH

Business Name ' % \$

Mailing Address IRU SXUFKDVH RUGHUV RU FRUUHVSRRQGQHFH

City State County Zip Code

Remit to Address LI GLIIHUHQW

& L W \ State County = L S & R G H

Vendor Phone 1XPEHUV Fax 3D\PHQW 5HPLWWDQFH

SECTION & - SUBSTITUTE W-9 (Required):

8QGHU SHQDOWL # 11 URW LSH UNKXUW WKH QXPEHU VKRZQ RQ WKLV IRUP LV P\ FRUUHFW WD[SD\HU LGHQWLILFDWLRQ QRW VXEMHFW WR EDFNXS ZLWKKROGLQJ GXH WR IDLOXUH WR UHSRUW LQWHUHVW DQG GLYLGHQG LQFRPH DQG

Taxpayer Identification Number)HGHUDO (PSOR\HU ,GHQWLILFDWLRQ 1XPEHU)(,1 RU

6RFLDO 6HFXULW\ 1XPEHU

7KH ,QWHUQDO 5HYHQXH 6HUYLFH GRHV QRW UHTXLUH \RXU FRQVHFW WR DQ\ SURYLVLHQ RI WKLV GRFXPHQW RWKHU

\$XWKRULJHG 6LJQDWXUH 3ULQWHG 1DPH 'DWH

\$XWKRULJHG 6LJQDWXUH 3ULQWHG 1DPH 'DWH

