

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>													
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<b>or</b>													
<b>Employer identification number</b>													
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**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting 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 U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, 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 and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).


## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

 <p><b>UNIVERSITY SYSTEM OF GEORGIA</b> Shared Services Center</p>	<h2 style="margin: 0;">Supplier Information Form</h2> <p style="margin: 0;">If you are a student or employee of any USG institution, please contact your institution's HR department for assistance.</p> <p style="margin: 0;">Only US banking information can be included on this form for payment.</p>	<p style="color: red; font-weight: bold; margin: 0;">Do Not Send This Form to IRS</p>
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**Instructions:**

1. Complete pages 1-3 of this form electronically. If you prefer to complete the form by hand, please print legibly in **black ink and clearly distinguish numbers**.  
**Note:** Omissions of requested information on this form may result in delayed registration and/or payment.
2. Print and sign form
3. Submit the form to your institution contact.

Email Submissions are not accepted.

Section 1 – Requesting Institution Information			
USG Institution to which you are providing goods or services?		USG Contact Person and Phone Number	

Section 2 – Supplier Information
<b>Business/Individual Contact Information</b> <i>*Required</i>


<b>Legal Name:</b> (Name used on Tax Filing & W9) <i>*Required</i>			
<b>Contact Name:</b> <i>*Required</i>			
<b>Phone Number:</b> <i>*Required</i>			
<b>Website URL:</b>		<b>Email:</b>	

Purchasing Order (Invoicing) Address:			
<b>Address:</b> (Street Name/No)			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>

Payment (Remit) Address:			
<b>Address:</b> (Street Name/No)			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>

Section 3 – Supplier Business Type Information <i>*Required *</i>
<i>*All questions must be answered*</i>

<b>1. Are you primarily a supplier of services or goods?</b>	<input type="checkbox"/> Goods	<input type="checkbox"/> Services - <i>*A selection for Question 2 is required</i>	
<b>2. Do you expect to receive payment for any of the following from USG? Note: If you do not see your service listed, select non-employee of USG (independent contractor). <i>* Required *</i></b>			
<input type="checkbox"/> My company is being paid for services as a non-employee of USG (independent contractor).	<input type="checkbox"/> My company is being paid for fellowship training stipend, or research participant.		
<input type="checkbox"/> My company is being paid for registration.	<input type="checkbox"/> My company is being paid for honorarium.		
<input type="checkbox"/> My company is being paid for repairs/maintenance.	<input type="checkbox"/> My company is being paid for short course instructor-professional education.		
<input type="checkbox"/> My company is being paid for expense reimbursement as a non-employee.	<input type="checkbox"/> My company is being paid for awards/prizes.		
<input type="checkbox"/> My company is being paid for legal services.	<input type="checkbox"/> My company is being paid for rent (real estate or machinery).		
<input type="checkbox"/> My company is being paid for public speaking or entertainment.	<input type="checkbox"/> My company is being paid for royalties.		
<input type="checkbox"/> My company is being paid for medical or healthcare services.			

 <p><b>UNIVERSITY SYSTEM OF GEORGIA</b> Shared Services Center</p>	<h2 style="margin:0;">Supplier Information Form</h2> <p style="margin:0;">If you are a student or employee of any USG institution, please contact your institution's HR department for assistance.</p> <p style="margin:0;">Only US banking information can be included on this form for payment.</p>	<p><b>Do Not Send This Form to IRS</b></p>
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• **Additional Reporting Elements**

<p><b>Sm Disadvantaged Business</b></p> <p> <input type="checkbox"/> 8(a) Contract Award           <input type="checkbox"/> 8(a) with HUBZone Priority SDB Set-Aside           <input type="checkbox"/> SDB Price Evaluation Analyst           <input type="checkbox"/> SDB Participating Program Not Applicable       </p>
<p><b>Other Preference Programs</b></p> <p> <input type="checkbox"/> Buy Indian           <input type="checkbox"/> Directed to JWOD Nonprofit           <input type="checkbox"/> No Preference/Not Listed           <input type="checkbox"/> Small Business Set-Aside           <input type="checkbox"/> Very Small Business Set-Aside       </p>
<p><b>Number of Employees</b></p> <p> <input type="checkbox"/> 10 or less           <input type="checkbox"/> 11-100           <input type="checkbox"/> 101-300           <input type="checkbox"/> 301-1000           <input type="checkbox"/> 1001 or more       </p>
<p><b>Veteran Owned Business</b></p> <p> <input type="checkbox"/> Not Veteran Owned Sm Business           <input type="checkbox"/> Service Disabled VOSB           <input type="checkbox"/> Veteran Owned Business       </p>
<p><b>Ethnic Minority (51% or More)</b></p> <p> <input type="checkbox"/> African American           <input type="checkbox"/> Asian American           <input type="checkbox"/> Hispanic/Latino           <input type="checkbox"/> Native American           <input type="checkbox"/> Pacific Islander       </p>
<p> <input type="checkbox"/> Small Business*           <input type="checkbox"/> Georgia Resident Business**           <input type="checkbox"/> Women Owned Business           <input type="checkbox"/> Minority Owned Business           <input type="checkbox"/> Not Applicable       </p> <p style="font-size: small;">         * A small business is defined as a business that is independently owned and operated. In addition, such a business must either have 300 less employees or \$30 million or less in gross receipts per year          ** Georgia resident business is defined as any business that regularly maintains a place from which businesses is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.       </p>

**Section 4 – Updates to Existing Supplier**

\*If you have recently had an address change, please list old and new

Old/Prior Address Information				
Purchase Order (Invoicing) Address				
<b>Address:</b> <small>(Street Name/No)</small>				
<b>City:</b>		<b>Zip Code:</b>		<b>State:</b>
Payment (Remit) Address				
<b>Address:</b> <small>(Street Name/No)</small>				
<b>City:</b>		<b>Zip Code:</b>		<b>State:</b>
New Address Information				
Purchase Order (Invoicing) Address				
<b>Address:</b> <small>(Street Name/No)</small>				
<b>City:</b>		<b>Zip Code:</b>		<b>State:</b>
Payment (Remit) Address				
<b>Address:</b> <small>(Street Name/No)</small>				
<b>City:</b>		<b>Zip Code:</b>		<b>State:</b>

 <p><b>UNIVERSITY SYSTEM OF GEORGIA</b> Shared Services Center</p>	<h2 style="margin: 0;">Supplier Information Form</h2> <p style="margin: 0; font-size: small;">If you are a student or employee of any USG institution, please contact your institution's HR department for assistance.</p> <p style="margin: 0; font-size: small;">Only US banking information can be included on this form for payment.</p>	<p><b>Do Not Send This Form to IRS</b></p>
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Section 5 – Payment Information

Method of Payment

Check       ACH – Direct Deposit  
**ACH – Direct Deposit – Action Required (Select only One)**

**ACH – Direct Deposit Instructions:**  
Use this form to start, change, or stop ACH payments from a USG Institution. Employees should visit OneUSG Connect web page to change payroll preferences

*Please note that the University System of Georgia, in cooperation with the State of Georgia Accounting Office, is working to reduce paper checks and utilize electronic payments, ACH – Automated Clearing House (Direct Deposit), as much as possible. Electronic payments will ensure secure and timely payment for your goods or services.*

- Action Required:**
1. Select **Start** to set up ACH payments for the first time.
  2. Select **Change** to update banking information for ACH payments. ACH payments will be stopped once a change request is received, and payments will be issued via check until the new banking information is verified and updated.

**Account Type (Select only One)**

Checking       Savings

Banking Information

\*Only US banking information can be included on this form for payment\*

**Banking information:**  
Routing number is the nine-digit number that identifies your financial institution. It is found in the bottom left-hand corner of a check. Include all leading zeros in the account number.  
**Contact your financial institution for help with routing and account numbers.**

- Notes:**
- For first time ACH payments, pre-notification is required, which may take up to 10 days. Payments made before pre-notification process is complete will occur by check.
  - ACH payments will only be made to U.S banks.
  - For updates/changes, both **Old/Prior** and **New** information is required to process the request.
  - Please note that representatives from our Shared Services Center may call to verify addresses and/or banking information. The call will come from a Sandersville, GA "478" area code.
- \*If you are changing bank information, please list old and new\*

<b>Transaction Type</b>	<input type="checkbox"/> <b>Change Bank Information</b>	<input type="checkbox"/> <b>Add Bank Information</b>
	<b>Old/Prior</b>	<b>New</b>
<b>Name on Account</b>		
<b>Bank Name</b>		
<b>Routing Number</b>		
<b>Account Number</b>		
<b>Re-enter Account Number</b>		

Authorized Signature

This signature signifies acceptance of the terms and conditions in the agreement below.

<b>ACH Contact Name:</b>			
<b>Email for ACH Confirmation:</b> <i>*Required</i>			
<b>Print First &amp; Last Name:</b> <i>*Required</i>			
<b>Signature of Authorized Individual:</b> <i>*Required</i>		<b>Date:</b>	

AGREEMENT: \*Original, handwritten signature OR electronic signature with date/time stamp\*

- I hereby authorize USG or any affiliated institution to electronically deposit all invoice payments to my account in the financial institution listed above. In the event that a USG institution notifies the financial institution that funds have been deposited to my account in error, I hereby authorize and direct the financial institution to return said funds to the institution to the institution as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to the USG institution is not possible, I agree to immediately repay any erroneous deposits to the institution.  
I further agree that if I do not immediately repay erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by the USG institution in the collection of such erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to the institution, I hereby authorize the institution to recover such amounts by deducting them from any future payments until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until USG Shared Services Center has received written notification from me of its termination in such time and manner as to afford USG SCC, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable for any amounts owed to the USG institution. I certify that I am authorized to sign on behalf of my company.