

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

ACCESSION	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION				
TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.					
Part I: Vendor Inforn	nation				
1. Legal Business Name		2. Business Business N		entity name, if different from Legal	
3. Entity Type (Check or Individual Sole Prop Trusts/Estates Other				Exempt	
Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type					
Enter your TIN here: See instructions.	(DO NOT USE DASHES)				
2. Taxpayer Identification Type (check appropriate box): Employer ID No. (EIN) Social Security No. (SSN) Individual Taxpayer ID No. (ITIN) N/A (Non-United States Business Entity)					
Part III: Address					
Remittance Address:		2. Ordering Address:			
Number, Street, and Apartment or Suite Number		Number, Street, and Apartment or Suite Number			
City, State, and Nine Dig	git Zip Code or Country	City, State, and N	line Digit Zip Code or	Country	
		Email Address			
Part IV: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor					
Primary Contact Name: Title:					
Email Address: Phone Number:					
Part V: Certification and Exemption from Backup Withholding					
Under penalties of perjury, I certify that:					
1. The number shown on this form is my correct taxpayer identification number (TIN), and					
2. I am a U.S. citizen or other U.S. person, and					
3. (Check one only):					
I am not subject to backup withholding. I am (a) exempt from back up 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),or					
	I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.				
Sign Here:					
	Signature		Title	Date	

DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED

Phone Number

Email Address

Print Preparer's Name

NYS Office of the State Comptroller Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

- Legal Business Name: For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
- 2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
- 3. Entity Type: Check the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

- 1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
- 2. Taxpayer Identification Type: Check the type of identification number provided.

Part III: Address

- 1. Remittance Address: Enter the address where payments, 1099s, if applicable, and official correspondence should be mailed. This will become the default address.
- 2. Ordering Address: Enter the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

Part IV: Vendor Primary Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization. Name, phone number and email address are required.

Part V: Certification and Exemption from Backup Withholding

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.



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REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER	TO INSTRUCTIONS FOR MORE INFORMATION.			
Part I: Vendor Information				
Legal Business Name: 2. Business name/disregarded entity name, if different from Business Name:				
3. Entity Type (Check one only):	bility Co. Corporation Not For Profit t Public Authority Disregarded Entity Exempt Payee			
Part II: Taxpayer Identification Number (TIN) & Taxpa	yer Identification Type			
Enter your TIN here: (DO NOT USE DASHES) See instructions.	1 1 2 2 3 4 5 6			
Taxpayer Identification Type (check appropriate box): Employer ID No. (EIN) Social Security No. (SSN) India India	ividual 1 pay ID No. (ITIN) N/A (Non-United States Business Entity)			
Part III: Address				
Remittance Address:	Ordering Address:			
Number, Street, and Apartment or Suite Number 16 Candy Cane Lane	Number, Street, and Apartment or Suite Number			
Part IV: Vendor Primary Contact Information – Execu	Email Address (Please type personal email address here) tive Authorized to Represent the Vendor			
Primary Contact Name: John Smith	Title: School-based Teacher Educator			
Email Address: jsmith@abcschools.org Please type work e	mail address) Phone Number: (631) 123-4567			
Part V: Certification and Exemption from Backup Wit	hholding			
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identif	fication number (TIN), and			
2. I am a U.S. citizen or other U.S. person, and				
Internal Revenue Service (IRS) that I am subject to be (c) the IRS has notified me that I am no longer subject I am subject to backup withholding. I have bee	a) exempt from back up withholding, or (b) I have not been notified by the ackup withholding as a result of a failure to report all interest or dividends, or to backup withholding),or on notified by the IRS that I am subject to backup withholding as a result of a to been notified by the IRS that I am no longer subject to back withholding.			
Sign Here: Mr. Dnixth Signature	53TE 9/7/22 Title Date			
John Smith Print Preparer's Name	(631) 123-4567 jsmith@abcschools.org Phone Number Email Address			
DO NOT SUBMIT FORM TO IRS-	SUBMIT FORM TO NYS ONLY AS DIRECTED			