



The Pennsylvania State University 20 HUB Robeson Center University Park, PA 16802 (814) 865-7590 (814) 865-2929 FAX

Dear Vendor:

The University is required by law to obtain a tax identification number when making reportable payments to vendors. Please complete the following Substitute FORM W-9 and return it with the other new merchant paperwork.

Substitute W-9 FORM	REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION		ATION	Return this form to the requester. DO NOT send to the IRS.
Taxpayer's Name (As shown on your income tax return)				
Business Name (If different from Taxpayer's Name)				
PART I Please check the appropriate box and enter your Taxpayer Identification Number (TIN) below on the appropriate line. Your TIN is the number under which you file your Income Tax Return, established for the Tax Payer Name shown above. Individual/Sole Proprietor Corporation Partnership/LLC/LLP				
			Partnersnip/LLC/LLP	
Other				
If you use an SSN to file your business income tax return, enter the Individual's Name and Social Security Number				
CON				
SSN:				
Or, else enter your Business Name and applicable Federal Taxpayer Identification Number				
TIN:				
Address (number, street, and apt or suite no.)			Taxpayer's Phone Number	
611 61 1 775				
City, State and ZIP Code			Taxpayer's Fax Nu	imber
Under penalties of perjury, I certify that the number shown on this form is my correct TIN and that all other requested information is correct, that I am a U.S. person, and that I am not subject to backup withholding because (1) I am exempt from withholding or (2) I have not been notified by a tax agency, including the Internal Revenue Service that I am subject to backup withholding.				
Print Name				
Circ Have				
Sign Here Date				