



## VINCENNES UNIVERSITY

### **Purpose of VU Substitute W-9 Form**

Vincennes University (VU) requires that a record be kept of any individual or business that receives a check from the University system, whether for services rendered, goods provided or any other circumstance for which monies are paid. VU uses the attached Substitute W-9 Form to create a vendor record for an individual or business. This form also meets the requirements of the IRS Form W-9, Request for Taxpayer Identification Number. An employer identification number, or EIN, is also known as a taxpayer identification number, or TIN. **Failure to return this form in a timely manner could delay payment.** If you have any questions, please contact the appropriate campus department as listed on the Substitute W-9 Form.

### **Privacy Act Notice**

VU is requesting your Taxpayer Identification Number (TIN) to satisfy the requirements of Federal law. Section 6109 of the Internal Revenue Code requires that you provide your correct TIN to be used on information returns (1099) filed with the Internal Revenue Service. Failure to provide your TIN could result in backup withholdings and penalties.

VU will not disclose your TIN or SSN to anyone outside the institution as mandated by law.

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### **Instructions for Completing the VU Substitute W-9 Form**

#### Legal Name

As entered with the IRS

Individuals: Enter Last Name, First Name, Middle Initial

Sole Proprietorships: Enter Last Name, First Name, Middle Initial

All Others: Enter Legal Name of Business

#### Trade Name

Individuals: Leave Blank

Sole Proprietorships: Enter Business Name

All Others: Complete only if doing Business as a D/B/A

#### Primary Address

Address where the 1099 should be sent.

#### Order Address

Address where order should be sent if different from primary address.

#### Remit Address

Address where payment should be sent if different from primary address.

#### Business Designation

Check the box which describes the type of business entity. Please indicate if the business is an Indiana Certified Diversity Vendor as indicated on the form.

If the business designation is either a corporation or organization exempt from Tax under Section 501 (a)(c)(d) or 401, you must indicate if you are engaged in the business of providing Medical services by checking yes or no. This does not include health insurance coverage for employees.

#### Taxpayer Identification Number

If you do not have a TIN, apply for one immediately.

Individuals use federal form SS-05 which can be obtained from your local Social

Security Administration Office. Business and all other entities use federal form SS-4 which can be obtained from you local Internal Revenue Service Office.

Provide either a Social Security Number or a FEIN Number.

#### Certification

Sign and date the form. Return the completed form as indicated on the Substitute W-9 Form.

Substitute

**W-9 TAXPAYER IDENTIFICATION NUMBER (TIN)**



**PRINT OR TYPE** See complete instructions on separate page.

**LEGAL NAME**  
 (As entered with IRS) If Sole Proprietorship, enter your LAST, FIRST, MI

**TRADE NAME**  
 If doing business as (D/B/A) or business name of Sole Proprietorship

**PRIMARY ADDRESS** (For return of 1099 Form)  
 PO Box or Street Address

  
 City State Zip + 4  
  

**ORDER ADDRESS** (Where order should be sent, if different from above)  
 PO Box or Street Address

  
 City State Zip + 4  
    
 Contact Name:  Phone:   
 Fax:  E-Mail: 

**REMIT ADDRESS** (Where check should be sent, if different from above)  
 PO or number and street

  
 City State Zip + 4  
    
 Contact Name:  Phone:   
 Fax:  E-Mail: 

**BUSINESS DESIGNATION** (Check one by clicking in box)

**CORPORATION**  
 Are you engaged in the business of providing medical services?  
 YES  NO

**INDIVIDUAL**

**SOLE PROPRIETORSHIP**

**PARTNERSHIP**  
 General  
 Limited

**ESTATE/TRUST**

**OTHER**   
 (Please indicate)

**ORGANIZATION EXEMPT FROM TAX**  
 Under section 501 (a)(c)(d) or 403 (b)(7)  
 Are you engaged in the business of providing medical services?  
 YES  NO

**GOVERNMENT ENTITY OR GOVERNMENT OPERATED ENTITY**

**INDIANA CERTIFIED DIVERSITY VENDOR**  
 MBE  WBE  DBE

**TAXPAYER IDENTIFICATION NUMBER (TIN)**  
 If sole proprietorship provide FEIN if applicable:

**Social Security Number (SSN)**

**Federal Employer Identification No (FEIN)**

**CERTIFICATION**  
 Under penalties of perjury, I certify that:  
 I have provided my correct taxpayer identification number; and that  
 I am not subject to backup withholding due to failure to report interest and dividend income;  
 and I am a U.S. person.

**Signature** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR UNIVERSITY USE ONLY**

Dept: Accounts Payable

Contact: Anita Clark

Phone No: (812) 888-4305

1099 Vend Yes   
 No

VENDOR New   
 Change

Return this form to the address listed below:

**VINCENNES UNIVERSITY**  
**ATTN:**  
**1002 North First Street**  
**Vincennes, IN 47591**

This form may also be faxed to: