## Office of the State Controller Return to:

Office of the State Controller NCAS Vendor Payment Verification 1410 Mail Service Center Raleigh, NC 27699-1410



## **Payment Verification Form**

Telephone: (919)707-0795

FAX: (919)981-5561

Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN (Tax Identification Number) to persons who must file information returns with the IRS to report interest and certain other income paid to you. The IRS uses the numbers for identification purposes and to help verify the accuracy of your return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

Federal ID No./Social Security No. for Individua Name of Firm or Individual: (2) If Sole Proprietorship, owners name: (3)	ls (9 digits): <u>(1)</u>	
Address for Ordering Goods and/or Services: (4) Address (4) Address (4) City, State, Zip Code (4) County Name: (5)	Fax Numbe Toll Free P	Phone Number <u>(6)</u> /Phone Number <u>(6)</u> dress <u>(6)</u>
Remittance Address (if different from above) (7) Address (7) Address (7) City, State, Zip Code (7) County Name: (8)	Fax Numb Toll Free	Phone Number <u>(9)</u> le/Phone Number <u>(9)</u> dress <u>(9)</u>
Individual and Business Characteristics: (Please Part I: Check ALL that apply. (10)	•	I and Part II if applicable) of Business Structure (11)
(Applicable to both individuals and businesses)  ( ) Minority or Minority Owned ( ) Woman or Woman Owned ( ) Handicapped or Handicapped Owned ( ) None of the Above	(Check ALL that apply)  ( ) Individual ( ) Sole Proprietorship ( ) Government: ( ) Federal or ( ) State or ( ) Local ( ) School/College/University: ( ) Public or ( ) Private ( ) Partnership ( ) Corporation: (check ALL that apply)	
Does your business provide: ( ) Goods Only	( ) Services Only	( ) Both Goods and Services (12)
Does your business provide medical services?	( ) Yes	( ) No (13)
Form Completed By: (14) Signature:	Title:	Date: