

**STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number**



NC Office of the State Controller
(IRS Form W-9 will not be accepted in lieu of this form)
***Denotes a Required Field**

Section 1 – Taxpayer Identification	<p>*1. Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN)</p> <p>*2.</p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>		<p>Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.</p>			
	<p>*4. Legal Name (as shown on your income tax return):</p>		<p>3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)</p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>			
	<p>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:</p>					
	Contact Information					
	<p>*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)</p>		<p>7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)</p>			
	<p>*Address Line 1:</p>		<p>Address Line 1:</p>			
	<p>Address Line 2:</p>		<p>Address Line 2:</p>			
	<p>*City</p>	<p>*State</p>	<p>*Zip (9 digit)</p>	<p>City</p>	<p>State</p>	<p>Zip (9 digit)</p>
	<p>*County</p>		<p>County</p>			
	<p>*8. Contact Name:</p>		<p>*9. Phone Number:</p>			
<p>10. Fax Number:</p>		<p>11. Email Address:</p>				
*12. Entity Type		*13. Entity Classification		14. Exemptions (see instructions)		
<p>Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation</p> <p>Partnership Trust/Estate Other _____</p> <p>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>		<p>Medical Services</p> <p>Legal/Attorney Services</p> <p>NC Local Govt</p> <p>Federal Govt</p> <p>NC State Agency</p> <p>Other Govt</p> <p>Other (specify)</p>		<p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p>		
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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 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 because 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 I am a U.S. citizen or other U.S. person (defined later in general instructions), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):</p>						
<p>*Printed Name:</p>		<p>*Printed Title:</p>		<p>* Date:</p>		
<p>*Authorized U.S. Signature:</p>						

Section 2 - Certification

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.