

## Substitute W-9/Illinois State University Vendor Registration Form

- New Vendors:** Please see the next section to determine which form to complete.
- Current Vendors:** Has any information listed in the Vendor Information section (Name, Address, SS#, Legal Status, Immigration/Visa Status) changed since you received your last University vendor payment?  
*If Yes, please complete the Vendor Information sections below or foreign vendors should complete the Foreign Vendor/Visitor Information form. If No, no further action is required at this time.*

### New Vendor Information / Vendor Information Updates

Are you a U.S. citizen or permanent resident?  Yes  No

If Yes, please complete this form and return to the Comptroller's Business Office.

If No, please complete the Foreign Vendor/Visitor Information form available at the [Comptroller's Office website](#)

IRS Tax Information: Enter the TIN on the appropriate line that matches with the Name line listed below.

Social Security Number (SSN): \_\_\_\_\_

Federal Employer Identification 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 ISU to withhold 28% for backup withholding tax.]

#### Primary Vendor Contact Information for sending 1099 MISC form:

Name: \_\_\_\_\_

Other Name: \_\_\_\_\_

Add. Line 1: \_\_\_\_\_

Add. Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Please type or print information.

#### Alternate Contact Information:

Please check if applicable.

Other Address - list type \_\_\_\_\_

Add. Line 1: \_\_\_\_\_

Add. Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Legal Status:

Corporation  Partnership  Sole Proprietor  Not-for-Profit  LLC  Individual  Other \_\_\_\_\_

*If LLC, please enter LLC Tax Classification Type (Corporation, S Corporation, Partnership, Sole Proprietor):* \_\_\_\_\_

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_ [See IRS W-9 instructions for details]

#### Under penalties of perjury I certify that:

- The number shown on this form is my correct taxpayer identification number, 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 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, and
- I am a U.S. citizen or other U.S. person.
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

[INSTRUCTIONS: You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.]

**SUBMITTING THE FORM:** If you are a New Vendor or are submitting vendor information updates, please submit all completed forms to the Comptroller's Business Office, Attn: Lauri Joynt at: Campus Box 1200, Normal, IL 61790-1200, FAX: 309-438-8245. If you have questions concerning this form you may call 309-438-5751 or email ljoynt@ilstu.edu.

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