

**GUILFORD TECHNICAL COMMUNITY COLLEGE
SUBSTITUTE W-9 / VENDOR INFORMATION FORM**

Federal I.D. Number (9 Digits) ___-___-____ OR Social Security Number ___-___-____
(May be Social Security Number if Sole Proprietor)

Name (as reported on your tax return) _____
Business name (if different) _____
Mailing Address _____

Business Type (PLEASE CHECK ONE): _____ Sole Proprietor _____ Corporation
_____ Partnership Other _____

ONLY COMPLETE THIS SECTION IF ADDRESS ABOVE IS NOT IN NORTH CAROLINA:

Principal Business Activity: _____ Athletics _____ Entertainment/Performance
_____ Film, TV or Radio _____ Public Speaking/Teaching
_____ Other (describe) _____

If you have registered with the NC Secretary of State to conduct business in the state of North Carolina, please provide the identification number assigned by the Secretary of State: _____ OR attach a copy of the NC certificate of authority.

Does your business maintain a permanent place of business in North Carolina? _____ Yes _____ No

If yes, please provide:

Physical Address _____

Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person (including a U.S. resident alien).

Signature of U.S. person _____

Print Name: _____ Title: _____ Date: _____

Please check **all** that apply:

_____ African American/Black _____ Disabled-Owned
_____ Asian American _____ Disabled Business Enterprise
_____ Hispanic/Latino American _____ Non-Profit Work Center for Blind and Severely Disabled
_____ American Indian _____ Woman-Owned
_____ Unwilling to Disclose _____ Other Minority _____

STATEMENT OF PURPOSE: The information on this form is being gathered to determine the status of an individual or business for income tax withholding and/or tax reporting and shall serve as a substitute W-9 form.

Return form to: Guilford Technical Community College, Attn: Purchasing Department, P.O. Box 309, Jamestown, NC 27282