|  |  |  |
| --- | --- | --- |
| **Form W-9**  **(Substitute)** 10/2018 | **Request for Taxpayer Identification Number** |  |

## Part I. Basic Information

1. Name (as shown on your income tax return)

1. Business name, if different from above

1. Address

           

Number Street Apt. or Suite No.

           

City State Zip Code

1. Above Address is for (check all that apply):

  Remit Payment to   Ordering   Bidding   1099

1. Contact for Ordering Questions: First Name       Last Name         
   Email         
   Phone Number    -     -      Extension
2. Contact for Invoice Questions: First Name       Last Name         
   Email         
   Phone Number    -     -      Extension
3. Check appropriate box for federal tax classification:

Individual/sole proprietor or single-member LLC  C Corporation  S Corporation  Partnership  Trust/estate  
 Limited liability company If LLC, enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

**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.

Other ▶

Exempt payee code (if any) ▶      Exemption from FATCA reporting code (if any) ▶

1. If you are an Individual/Sole Proprietor or single-member LLC, please check one:

U.S. Citizen  Legal Permanent Resident  U.S. Resident for Tax Purposes  None of the above

1. If your organization engages in the following activities, please check one:

Attorney/Legal Services Medical or Health Care Services and/or Supplies

1. Accepted Payments Methods:  Check  ACH/Direct Deposit  Visa Credit Card
2. If you accept credit cards, do you charge a fee and if yes how much?

## Part II. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.  
Social Security Number/Individual Taxpayer Identification Number:    -    -       
Employer Identification Number:    -

## Part III. 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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions**. You must cross out item 2 above 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person ▶\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ▶

Print Preparer’s Name ▶       Phone Number: ▶    -     -      Extension

## Part IV. Direct Deposit of Payment (Optional)

I hereby authorize the Green Mountain Higher Education Consortium and its member institutions (Consortium) to process my payment via direct deposit into my bank account. I acknowledge that the origination of ACH transactions to my accounts must comply with the provisions of U.S. law and that the Consortium will comply at all times with the National Automated Clearing House Association’s rules (NACHA). For further information on these rules, please contact your financial institution. I understand that the Consortium will reverse any payments made to my account in error. I further understand that I will receive notification of payments made via email. This authorization will remain in effect until I notify Accounts Payable Office at [ap@gmhec.org](mailto:ap@gmhec.org).

**U.S. Bank Information**

|  |  |
| --- | --- |
| Bank Name: | |
| Routing Number: | Account Number: |
| Type of Account: Checking Savings | |
| Email Address for Payment Notification: | |







