

Form W-9 Taxpayer Identification Number Request (Use this to obtain TIN for payments other than interest, dividends, or Form 1099-B gross proceeds)

To: _____ **Vendor ID:** _____
 (FOR RF CUNY USE ONLY)

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advanced tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

- Instructions:**
1. Complete Part 1 by completing the one row of boxes that corresponds to your tax status.
 2. Complete Part 2 if you are exempt from Form 1099 reporting.
 3. Complete Part 3 to sign and date the form.
 4. Return this completed form to: **RFCUNY/OTPS Department (230 W. 41st Street, New York, NY 10036)**
or fax to (212)-417-8489

Part 1 - Tax Status: (complete only one row of boxes)

Individuals:
 (Fill out this row)

Individual Name: (First name, middle initial, last name) _____	Individual's social Security Number ____-____-____
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Sole Proprietor:
 (Fill out this row)

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner

Business owner's Name: (REQUIRED) (First Name) _____ (Middle Initial) _____ (Last name) _____	Business Owner's Social Security Number ____-____-____ or Employer ID Number ____-____-____	Business or Trade Name (OPTIONAL) _____
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Partnership:
 (Fill out this row)

Name of Partnership: _____ _____	Partnership's Employer Identification Number ____-____-____	Partnership's Name on IRS records (see IRS mailing label) _____ _____
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Corporation, Exempt charity, Or other entity:
 (Fill out this row)

A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

Name of Corporation or Entity: _____ _____	Employer Identification Number ____-____-____	Are You incorporated? YES <input type="checkbox"/> NO <input type="checkbox"/>	D.B.A or T.A. companies? Attach all of the business names.
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Part 2 - Exemption: If exempt from Form 1099 reporting, check here AND circle our qualifying exemption reason below:
 (Individuals do not complete Part 2)

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|--|---|--|---|--|
| 1. Corporation except there is no exemption for medical and healthcare payments or payments for legal services | 2. Tax Exempt Charity under 501(a) includes 501(c)(3), or IRA | 3. The United States or any of its agencies or instrumentalities | 4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions | 5. A foreign government or any of its political subdivisions |
|--|---|--|---|--|

Part 3 – Signature: I am a U. S. person (including a U.S. resident alien)

Person completing this form: _____

Title: _____

Signature: _____ Date: _____

If address for payments is different, please list payment remit address below.

Tax correspondence address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____