Sul Ross State University
Request for Taxpayer Identification (W-9)

Please complete the following information. Per IRS regulations, we are required to obtain this information for all persons and organizations receiving payment from us. If you do not provide us with this information, your payments may be subject to 28% backup withholding. In addition, you may be subject to a $50 penalty imposed by the IRS 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 advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

INSTRUCTIONS: Please check the box for your tax status. Then use the correct set of Row Headings for your tax status to fill in the section below.

TAX STATUS (check only one):
☐ Individual US Person (including Resident Alien)  Use Row 1 Headings
☐ Sole Proprietor or LLC with One Owner  Use Row 2 Headings
☐ Partnership or LLC with Multiple Owners  Use Row 3 Headings
☐ Corporation, Tax Exempt Entity, Trust or Estate  Use Row 4 Headings

<table>
<thead>
<tr>
<th>ROW 1</th>
<th>Individual’s Name</th>
<th>Social Security Number</th>
<th>(Do Not Use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROW 2</td>
<td>Business Owner’s Name</td>
<td>Social Security Number</td>
<td>Business/Trade Name</td>
</tr>
<tr>
<td>ROW 3</td>
<td>Partnership’s Name</td>
<td>Employer Identification Number</td>
<td>Partnership’s Name on IRS Record</td>
</tr>
<tr>
<td>ROW 4</td>
<td>Corporation/Entity Name</td>
<td>Employer Identification Number</td>
<td>If TX Corporation, Charter Number</td>
</tr>
</tbody>
</table>

FILL IN HERE

ARE YOU EXEMPT FROM 1099 REPORTING (check only one):
☐ EXEMPT  ☐ NOT EXEMPT

If you market EXEMPT, please indicate reason:
☐ Corporation
☐ Tax Exempt Entity under 501(A), 501 (c)(3) or IRA
☐ A foreign government or any of its political subdivision
☐ The United States or any of its agencies or Instrumentalities
☐ A state, the District of Columbia, a possession of the US, or any of their political subdivisions
☐ A Resident Alien claiming tax treaty benefits (Note: a statement satisfying IRS requirement must be attached)

ORDER FROM ADDRESS: __________________________________________

________________________________________

Phone: _______________________________________

Fax: _______________________________________

REMIT TO ADDRESS: ☐ Same as Order from address

________________________________________

Phone: _______________________________________

Fax: _______________________________________

Please indicate if your company is categorized as any of the following:
☐ TX Certified Historically Underutilized Business
☐ BL/M  ☐ BL/W  ☐ HI/M  ☐ HI/W  ☐ AI/M  ☐ AI/W  ☐ AS/M  ☐ AS/W  ☐ WO/F

CERTIFICATION: I certify that (1) the Tax Identification Number I have provided is correct, (2) if I have marked “Exempt” the above entity is backup withholding exempt, and (3) I am a US Person (including Resident Alien).

Print Name __________________________ Signature __________________________ Date ____________

PLEASE FAX COMPLETED FORM TO (432) 837-8046
Sul Ross State University * Purchasing Office * Box C-116, Alpine, TX 79832 * (432) 837-8045