**State of Rhode Island**

FORM W-9

REV 8/15

**FORM W-9 PAYER'S REQUEST FOR TAXPAYER**

**IDENTIFICATION NUMBER AND CERTIFICATION**

**THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A $50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.**

**Taxpayer Identification Number (T.I.N.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number. | **Social Security No. (SSN)** | | |  | **Employer ID No. (EIN)** | |
|  |  |  |  |  |

**H NAME**

**ADDRESS**

**CITY, STATE AND ZIP CODE**

**PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE**

**ADDRESS**

**CITY, STATE AND ZIP CODE**

**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 either: (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.

(3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

**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.

***Please sign here and provide title, date and telephone number:***

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL NO\_\_\_\_\_\_\_\_\_\_\_\_\_**

# *Original Signature Required (Digital Signature Not Acceptable)*

# **BUSINESS** **DESIGNATION:**

*Please Check One*: Individual  Corporation  Trust/Estate  Government/Nonprofit Corporation

Partnership  Medical Services Corporation  Legal Services Corporation

LLC Tax Classification: Single Member (Individual)  Partnership  Corporation

**TIPS:NAME:** Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.

**ADDRESS, CITY, STATE AND ZIP CODE:** If you operate a business at more than one location, adhere to the following:

1. Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2. Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

For State Use Only:

IRS\_\_\_\_ RI SOS\_\_\_\_ FED\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RI Supplier # \_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_

Date Entered ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered By\_\_\_\_\_\_\_\_\_\_\_

**Mail Completed Form To:**

**Supplier Coordinator**

**Purchasing Department**

**One Capitol Hill, 2nd Floor**

**Providence RI 02908**

**Or Email To:** [doa.pursuppliercoordinator@purchasing.ri.gov](mailto:doa.pursuppliercoordinator@purchasing.ri.gov)