FORM W-9

RETURN TO REQUESTER, DO NOT SEND TO IRS

Request for Taxpayer Identification Number

First Name: _____ Last Name: _____

Home Address: _____ City, State, Zip _____

United States Citizen Yes ◯ No ◯

We are required under Section 6041 of the Internal Revenue Code to report to the Internal Revenue Service certain payments made in a calendar year in excess of $600 to a payee. In order to do so we request that you complete the section below. Receipt of this information will provide us with your name and taxpayer identification number (TIN). Failure to furnish your TIN may subject future payments to backup withholding.

Enter your taxpayer identification number on the Appropriate line. For individuals and sole proprietors, This is your social security number. For other entities, It is your employer identification number.

Social Security Number (no dashes please): _____

Employer Identification Number _____

Please indicate your type of Business by checking the appropriate box below:

Corporation	Sole Proprietor	Partnership	Individual
☐	☐	☐	☐

Signature: _____

(Address Changes) *Home Address*
Street: _____

City/State: _____

Zip Code: _____

Requester Address
Princeton University
Invoice Processing
P.O. Box 35
Princeton, New Jersey 08544
FAX# (609) 258-2859

NOTE: Mailing address, Signature and Identification Number Required