

RETURN To: MN Office of Higher Education/TSLRP 1450 Energy Park Drive, St. Paul, MN 55108 FAX: 651-797-1636

**SUBSTITUTE FORM W-9** Name and Address Date: Vendor Number (only list if you have a vendor number already assigned):\_\_\_\_\_ SUBJECT: Request for Taxpayer Information. (Failure to furnish a taxpayer identification number makes you subject to a penalty of \$50.) The purpose of this form is to obtain or confirm your correct taxpayer name and identification number. Federal and state tax regulations require that we have this information from recipients of certain payments in order to report such payments to the Internal Revenue Service on the Form 1099 Return. Please complete items 1, 2, and 3 below. Check your tax filing status below and enter your social security number or federal employer identification number. If you have been issued a separate Minnesota tax identification number, write it in the space provided. If you have recently applied for a taxpayer number, write "Applied For" in the space for the number. (Check One) Individual: Use SSN Sole Proprietorship: Use SSN or FEIN Corporation: Use FEIN SOCIAL SECURITY NUMBER (SSN) S Corporation Legal Partnership: Use FEIN FEDERAL EMPLOYER IDENTIFICATION (FEIN) Tax Exempt Organization: Use FEIN and list the section number of the IRS code under which you are MINNESOTA TAX I.D. NUMBER (IF APPLICABLE) claiming exemption: Other: Please explain on reverse side and include a tax number. Print the full name belonging to the social security number or employer identification number written above. 3. Certification. Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number.

PRIVACY ACT NOTICE - Internal Revenue code Section 6109 requires you to furnish your correct taxpayer identification number to payers who must file information returns with IRS. IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Payers must generally withhold 28% of taxable interest and certain other payments to a payee who does not furnish a TIN to a payer.

Signature\_\_\_\_\_Phone No.:\_\_\_\_\_Date\_\_\_\_