Rev: V190701

Substitute Form W-9
Request for Taxpayer Identification Number & Certification

Do not complete if you are a CUNY employee (Refer to instructions on page 3)

For CUNY Use Only:	HC ☐	PS ☐	NR

Part I: Which CUNY college or CUNY entity requested you to complete this form?* **(This section must be completed)**

College/Entity Name: HTRPR Name of CUNY Contact: James Andrews

Contact's Email: james.andrews@hunter.cuny.edu Phone Number: 3475918722

Part II: Vendor or Payee Information* **(This section must be completed)**

1. Legal Name:

2. If you use a DBA (Doing-Business-As) name, please list below: (Optional)

3. Entity Type (**Check ONE only**):

☐ Corporation ☐ Government Agency including Hospital ☐ Non-Profit including Hospital ☐ Foreign Individual/Entity

☐ Individual/Sole Proprietor ☐ Partnership ☐ LLC ☐ Profit Education ☐ Other _____

4. What are you supplying to CUNY? (**Check ALL appropriate box(es)**)

☐ Merchandise ☐ Telegram/Telephone/Freight/Storage Services

☐ Health Care Service ☐ Attorney ☐ Other Services _____

Part III: Taxpayer Identification Number (TIN) Information* **(This section must be completed)**

1. Enter your TIN here: **(If your TIN is a SSN, DO NOT email form but mail or fax to CUNY)**

2. Taxpayer Identification Type (Check ONE only):

☑ Employer ID No. (EIN) ☐ Social Security No. (SSN) ☐ Individual Taxpayer ID No. (ITIN) ☐ N/A (Foreign Individual/Entity)

3. Exemption Code for Backup Withholding _____ 4. Exemption Code for FATCA Reporting _____

Part IV: Main Business Address* **(This section must be completed)**

Number, Street, Apartment or Suite Number

City, State, Zip Code, Country

Part V: Additional Address (Optional)

☐ Ordering ☐ Payment

Number, Street, Apartment or Suite Number

City, State, Zip Code, Country

Email:

Part VI: Vendor Contact Information – Individual Authorized to Represent the Vendor*

(This section must be completed). Please refer to instructions. Form will be rejected if this section is not completed correctly)

Vendor Contact Person:

Email:

Title: _____ Phone Number: _____

Part VII: New York State SFS Vendor Information

If you already have a New York State SFS Vendor Number, please enter here:

Part VIII: New York City FMS Vendor Information

If you already have a New York City FMS Vendor Number, please enter here:

Part IX: Signature*

(This section must be completed)

***Please note that all required fields in Part I, II, III, IV, VI, and IX must be completed before you sign and submit this form.**

Under penalties of perjury, I certify that:

1) All information (including tax ID number) provided on this form is provided by me and is correct to my best knowledge; and
2) I am a US citizen or a US person; and
3) The entity of the tax ID provided above is not subject to backup withholding due to failure to report interest and dividend income; and
4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Sign Here:

_____ Signature

_____ Email

_____ Print Preparer's Name/Title

_____ Phone Number

_____ Date

Submit form (**Page 1 and 2 Only**) to the CUNY representative who requested you to complete this form.

Instructions for Completing Substitute Form W-9

Important:

- The City University of New York (CUNY) must obtain your correct Taxpayer Identification Number (TIN/SSN/ITIN) to report income paid to you or your organization. Information on the Substitute W-9 is required in order to comply with the Internal Revenue Service requirements. Lack of required documentation may delay the issuance of future purchase orders and/or payments.
- This is NOT a bidder request form. Completing this form will not add you to any CUNY bidder list. Complete this form only if you are requested to do so by CUNY.
- Please do not complete this form if you are a CUNY employee or a CUNY Research Foundation employee during the last 2 years. (unless you are specifically instructed to do so by the college).
- If the form contains a SSN, please DO NOT email form but mail or fax the form directly to the CUNY representative who requested you to complete this form.
- *Please note that all required fields in Part I, II, III, IV, VI, and IX must be completed.

Instructions:

Part I: Which CUNY college or CUNY entity requested you to complete this form?*
Please provide the CUNY college or CUNY entity name, name of the CUNY contact person, email and phone number. If you are doing business with multiple CUNY colleges or entities, please provide the information of the college with the most recent purchase order.

Part II: Vendor or Payee Information*

1. **Legal Name**: For individuals, enter the name of the person who will do business with CUNY (or receive payment from CUNY) as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As)**: Enter your DBA name.
3. **Entity Type**: Mark the Entity Type. Check **ONE** only.
4. **What are you supplying to CUNY?** Mark the appropriate check box. Check **ALL** appropriate box(es).

Part III: Taxpayer Identification Number (TIN) Information*

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN). To ensure your privacy, if the form contains a SSN, please **DO NOT** email form but mail or fax the form directly to the CUNY representative who requested you to complete this form.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.
3. **Exemption Code for Backup Withholding:** Enter the Exemption Code if you are exempt from backup withholding.
4. **Exemption Code for FATCA Reporting:** Enter the Exemption Code if you are exempt from FATCA Reporting.

Part IV: Main Business Address:* List the location where your main business is physically located.

Part V: Additional Address: Complete this section if you have an additional address. Please check the box(es) Ordering and/or Payment to indicate the address type.

Part VI: Vendor Contact Information*
Please provide the contact information for an executive at your organization. This individual should be a person who makes legal and financial decisions for your organization. All information including name, title, telephone and email must be completed. For New York State vendors, please be sure to provide email to ensure you will receive invitation to join eSupplier Vendor Self Service. The State's eSupplier portal allows vendors to manage their address/contact information and search details about their payments.

Part VII: New York State SFS Vendor Information
New York State SFS Vendor Number: If you already have a New York State SFS Vendor Number, please enter information in the boxes provided.

Part VIII: New York City FMS Vendor Information
New York City FMS Vendor Number: If you already have a New York City FMS Vendor Number, please enter information in the boxes provided.

Part IX: Signature*
This form must be signed before submitting to CUNY.