

# FORM W-9

RETURN TO REQUESTER, DO NOT SEND TO IRS

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## Request for Taxpayer Identification Number

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

United States Citizen    Yes                      No

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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

Accounts Payable

P.O. Box 35

Princeton, New Jersey 08544

FAX# (609) 258-2873

**NOTE: Mailing address, Signature and Identification Number Required**