Instructions for Substitute W-9 Form
Substitute W-9 – Request for Taxpayer Identification Number and Certification

Accounts Payable is required by the Internal Revenue Service to report payments made for services, prizes, awards, etc. each year. We are required to have a valid federal tax identification number on file that is used on the forms submitted to the IRS. The Substitute W-9 form was designed for that purpose and as a way to gather other important information needed in order to correctly process payments.

Independent contractors must complete the form when they sign a contract with SFA. If they already exist in the database as a former student or employee, the same campus ID is used to set them up as a vendor in finance. If the name on the W-9 is different from the name in the database, they are given instructions about how to have their name changed, either through the Registrar’s Office or Human Resources. Payments cannot be made on a contract if the names on the contract, W-9, and Banner database do not match.

Banner Data Standards requires Human Resources to set up all individuals who are visiting campus as a Prospective Employee. When the completed form is submitted to Travel or AP, it is forwarded to HR so that the campus ID number can be assigned by them. Once the number has been assigned, Travel/AP then adds the required address information and other notes in preparation for reimbursement of any travel expenses.

For student prizes and awards, even though the student already has a campus ID assigned by the Registrar’s Office, Accounts Payable is required to have the W-9 in order to add information on the finance side that will be used to process payments and report to the IRS as needed. So that information can be entered correctly in the Banner database, it is important to know the purpose for the form that is being submitted. Indicate that by checking the Contract, Prospective Employee, or Student prize/award box on the bottom of the form. The person who requested the form should put their name and telephone number so that they can be contacted if there are questions or additional information is needed.

A substitute W-9 is required by the university to process stipends, this substitute W-9 must be completed and returned to the STEM Research and Learning Center by Sept. 1, 2015. You may send your substitute W-9 by mail, fax, or scan and email by the deadline.

STEM Center
P.O. Box 6070
Nacogdoches, TX 75962

Fax: (936) 468-8204

Email: clausendebor@sfasu.edu
SUBSTITUTE W-9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) AND CERTIFICATION

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to back-up withholding.

PLEASE PRINT

NAME (as shown on your income tax return):__________________________________________

BUSINESS NAME (IF ANY): ________________________________________________________

MAILING ADDRESS: _____________________________________________________________

CITY, STATE, ZIP CODE: ________________________________________________________

Please check the appropriate box:

☐ Individual/Sole Proprietor ☐ Corporation/Incorporated ☐ Partnership

☐ Non-Profit Organization ☐ Limited Liability Company*

*LLC must enter tax classification C=C corporation, S=S corporation, P=partnership____

☐ Other _______________________

Enter your TIN in the appropriate space. For individuals, this is your social security number (SSN). For sole proprietors, it may be your SSN or your Employer Identification Number (EIN) if you have one for your business. All other entities must enter an EIN.

Social Security Number (SSN):___________________________________________________

Employer Identification Number (EIN):___________________________________________

Certification: I certify that the number shown on this form is my correct taxpayer identification number.

Print Name:_________________________ Title:____________________________

Signature:_________________________ Date:_______________________________

Telephone:_________________________ email:______________________________

____________________________________________________________________________

Requested by: ______________________ Purpose: ☐ Contract/Vendor Services

SFA extension:______________________ ☐ Prospective employee (travel expense)

☐ Student prize/award