

# Substitute Form W-9 – Research Foundation of the City University of New York

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 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advanced tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

- Instructions:**
1. Complete Part 1 by completing the one row of boxes that corresponds to your tax status.
  2. Complete Part 2 if you are exempt from Form 1099 reporting.
  3. Complete Part 3 if you have an M/WBE – DBE certification from a governmental entity.
  4. Provide your EFT/ACH electronic payment information.
  5. Complete Part 4 and sign (electronically or manually) and return completed form to **W9@rfcuny.org**.

## Part 1 - Tax Status: (complete only one row of boxes)

### Individuals: (Fill out this row)

Individual Name: _____ First name      M.I.      Last name	Individual's social Security Number _____
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### Sole Proprietor: (Fill out this row)

A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner

Business owner's Name: (REQUIRED) _____ First Name      M.I. _____ Last name	Business Owner's Social Security Number _____ or Employer ID Number	Business or Trade Name (OPTIONAL) _____
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### Partnership: (Fill out this row)

Name of Partnership: _____	Partnership's Employer Identification Number _____	Partnership's Name on IRS records (see IRS mailing label) _____
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### Corporation, Exempt charity, Or other entity: (Fill out this row)

A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

Legal Name of Corporation or Entity: _____	Employer Identification Number _____	State of Incorporation: _____	<b>If company has D.B.A.'s please attach a list of all other business names</b>
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## Part 2 - Exemption: If exempt from Form 1099 reporting, check here AND check a qualifying exemption reason below: (Individuals do not complete Part 2)

- |  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> 1. Corporation<br>except there is no<br>exemption for medical<br>and healthcare<br>payments or payments<br>for legal services | <input type="checkbox"/> 2. Tax Exempt<br>Charity under<br>501(a) includes<br>501 (c) (3), or IRA | <input type="checkbox"/> 3. The United States<br>or any of its agencies<br>or instrumentalities | <input type="checkbox"/> 4. A state, the District of<br>Columbia, a possession of<br>the United States, or any of<br>their political subdivisions | <input type="checkbox"/> 5. A foreign<br>government or any of its<br>political subdivisions |
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### Part 3 - Certification:

(Check all that apply and send a copy of the certification(s) with this form.)

- NYS Certified M/WBE  
 NYC Certified M/WBE  
 Federal Certified DBE  
 Other: \_\_\_\_\_

### Part 4 - Signature: I am a U. S. person (including a U.S. resident alien)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Title: \_\_\_\_\_

Tax correspondence address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

### EFT / ACH Information:

The RF is moving towards all electronic payments – please enter your EFT/ACH information below:

Acct # \_\_\_\_\_

ABA # \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Email: \_\_\_\_\_

If address for payments is different, please list payment remit address below.