

**STATE OF NORTH CAROLINA  
SUBSTITUTE W-9 FORM  
Request for Taxpayer Identification Number**



NC Office of the State Controller  
(IRS Form W-9 will not be accepted in lieu of this form)  
**\*Denotes a Required Field**

Section 1 – Taxpayer Identification	<p><b>*1.</b> Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN)</p> <p><b>*2.</b></p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>		<p>Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.</p>	
	<p><b>*4. Legal Name</b> (as shown on your income tax return):</p>		<p><b>3. Dunn &amp; Bradstreet Universal Numbering System (DUNS)</b> (see instructions)</p> <p style="text-align: center; color: red;">(PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>	
	<p><b>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:</b></p>			
	Contact Information			
	<p><b>*6. Legal Address</b> <span style="color: red;">(DO NOT TYPE OR WRITE IN THIS FIELD)</span></p>		<p><b>7. Remittance Address</b> (Location specifically used for payment that is different from Legal Address, if applicable)</p>	
	<p><b>*Address Line 1:</b></p>		<p><b>Address Line 1:</b></p>	
	<p><b>Address Line 2:</b></p>		<p><b>Address Line 2:</b></p>	
	<p><b>*City</b></p>	<p><b>*State</b></p>	<p><b>*Zip (9 digit)</b></p>	<p><b>City</b>                      <b>State</b>                      <b>Zip (9 digit)</b></p>
	<p><b>*County</b></p>		<p><b>County</b></p>	
	<p><b>*8. Contact Name:</b></p>			
	<p><b>*9. Phone Number:</b></p>			
	<p><b>10. Fax Number:</b></p>			
<p><b>11. Email Address:</b></p>				
*12. Entity Type		*13. Entity Classification	14. Exemptions (see instructions)	
<p>Individual/Sole Proprietor/Single-member LLC      C-Corporation      S-Corporation</p> <p>Partnership                      Trust/Estate                      Other _____</p> <p>Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>		<p>Medical Services</p> <p>Legal/Attorney Services</p> <p>NC Local Govt</p> <p>Federal Govt</p> <p>NC State Agency</p> <p>Other Govt</p> <p>Other (specify)</p>	<p>Exempt payee code (if any):</p> <hr/> <p>Exemption from FATCA reporting code (if any):</p>	
Section 2 - Certification	<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>I am a U.S. citizen or other U.S. person (defined later in general instructions), and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p>Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<a href="https://www.irs.gov/">https://www.irs.gov/</a>):</p>			
	<p><b>*Printed Name:</b></p>		<p><b>*Printed Title:</b></p>	
	<p><b>*Authorized U.S. Signature:</b></p>		<p><b>* Date:</b></p>	

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.