

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

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



Section 1 - Taxpayer Identification

<p>*1. <input type="checkbox"/> Social Security Number (SSN), OR <input type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)</p> <p>*2.</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 28% for backup withholding tax.</p>
<p>*4. Legal Name (as shown on your income tax return):</p>	<p>3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)</p>
<p>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:</p>	
Contact Information	
<p>*6. Legal Address</p>	<p>7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)</p>
<p>*Address Line 1:</p>	<p>Address Line 1:</p>
<p>Address Line 2:</p>	<p>Address Line 2:</p>
<p>*City *State *Zip (9 digit)</p>	<p>City State Zip (9 digit)</p>
<p>*County</p>	<p>County</p>
<p>*8. Contact Name:</p>	
<p>*9. Phone Number:</p>	
<p>10. Fax Number:</p>	
<p>11. Email Address:</p>	

<p style="text-align: center;">*12. Entity Type</p> <p><input type="checkbox"/> Individual/Sole Proprietor/Single-member LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p><small>Note: 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.</small></p>	<p style="text-align: center;">*13. Entity Classification</p> <p><input type="checkbox"/> Medical Services</p> <p><input type="checkbox"/> Legal/Attorney Services</p> <p><input type="checkbox"/> NC Local Govt</p> <p><input type="checkbox"/> Federal Govt</p> <p><input type="checkbox"/> NC State Agency</p> <p><input type="checkbox"/> Other Govt</p> <p><input type="checkbox"/> Other (specify)</p>	<p style="text-align: center;">14. Exemptions (see instructions)</p> <p>Exempt payee code (if any):</p> <hr/> <p>Exemption from FATCA reporting code (if any):</p>
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Section 2 - Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>):

<p>*Printed Name:</p>		<p>*Printed Title:</p>	
<p>*Authorized U.S. Signature:</p>		<p>* Date:</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.