## FORM WILL NOT BE PROCESSED IF NOT SIGNED OR COMPLETED BY VENDOR. Georgia State University (GSU) is fulfilling a mandate associated with IRS.

RETURN TO GSU PURCHASING DEPT Fax: 404-413-3165

## **GEORGIA STATE UNIVERSITY**

DO NOT SEND TO IRS

E-mail: suppliers@gsu.edu P.O. Box 4016, Atlanta, GA 30302	SU	SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM							
Foreign persons who are non-residents for US Tax purposes do not complete the GSU Substitute W-9 form. Instead, complete IRS Form W-8 BEN available at <a href="http://www.irs.gov/pub/irs-pdf/fw8ben.pdf">http://www.irs.gov/pub/irs-pdf/fw8ben.pdf</a>									
<b>Note:</b> Use of Social Security Number rather than a EIN puts you at higher risk of identity theft. Please see link below for setting up an EIN: <a href="https://www.simplefilings.gov-tax.com/federal-ein">https://www.simplefilings.gov-tax.com/federal-ein</a>									
► Taxpayer Identification Number (TIN)			Employer ID Number (EIN)  Social Security Number (SSN)						
► LEGAL NAME: (must match TIN above)					l			` ` ` `	
CONTACT INFORMATION BELOW - ** REQUIRED **									
► LEGAL MAILING ADDRESS:									
DBA/Branch/Location:									
ADDRESS:									
ADDRESS LINE 2:									
CITY:			ST:		ZIP:				
TELEPHONE #:	FA	AX #:		E-M	AIL ADDRE	ESS:			
CONTACT INFORMATION ABOVE - ** REQUIRED **									
► REMIT TO ADDRESS:		egal Mailing Address	ATION	ABOVE - *** R	LEQUIKED				
DBA/Branch/Location:	Same as Ec	gui Framing Fracticss							
ADDRESS:									
ADDRESS LINE 2:									
CITY:			ST:		ZIP:				
► ENTITY TYPE			1		T		I		
☐ Individual (not a business)  SECTION 1 - FEDERAL		al/Sole proprietor		orporation	Partne	rship	☐ LLC-L	Limited Liability Compa	any
SECTION 1 - FEDERAL INFORMATION - REQUIRED  What is the Federal classification type of your business? - See definitions on link below. (State of Georgia Small Business									
definition) https://www.sba.gov/category/navigation-structure/contracting/contracting-officials/small-business-size-standards									
OWNERSHIP AND/OR SBA CATEGORY-MUST SELECT AT LEAST ONE-FORM WILL NOT BE PROCESSED IF INCOMPLETE. Please check all that apply to your business:									
Large Business		mall Business		∏Mi	nority Statu	S	∏Indivi	dual/Guest/Visitor	
Historically Black College	$\square$ W	Vomen Owned		□Afı	rican Ameri	can	Indivi	dual/Consultant/	
Government/Non Profit		mall Business – S			an America			ce Provider	
☐ Minority Designated Unive☐ Private University	-	Disadvantaged – SI Must complete mino		_	spanic/Latin tive Americ		Facult	y/Student/Staff	
Public University		vacific Islander	illy Stat		eran – SBA			iaic	
☐ Hub Zone – SBA Certified	_	ervice Disabled V	eteran -					SBA Certified	
SECTION 3 - CONFLICT OF INTEREST - REQUIRED									
Are you or any Officer, Owner or Partner in this company an employee of Georgia State University?									
Are any family members employees of GSU? (If yes, what is the person's name and what is your relationship to this person?									
► CERTIFICATION  Under penalties of perjury, I certify that:									
<ol> <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),</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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me I am no longer subject to backup withholding,</li> <li>I am a U.S. person (including a resident alien).</li> </ol>									
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.									
The Internal Revenue Service does no	ot require your cons	ent to any provision o	f this do	cument other tha	n the certifica	tion require	ed to avoid ba	ackup withholding	
Signature of U.S. Individual				Date:					