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|  | **NEW YORK STATE EDUCATION DEPARTMENT**  **NYSED SUBSTITUTE FORM W-9:**  **REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION** | | |
| ***TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.*** | | | |
| **Part I: Payee/Vendor/Organization Information AGENCY ID: SED01 Program Area:** | | | |
| 1. Legal Business Name: | | | 2. If you use a DBA, please list below: |
| 3. Entity Type (Check one only):  Sole Proprietor  Partnership  Limited Liability Co.  Business Corporation  Unincorporated Association/Business  Federal Government  State Government  Public Authority  Local Government  School District  Fire District  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type** | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   1. Enter your TIN here: *(DO NOT USE DASHES)*  2. Taxpayer Identification Type (check appropriate box):  Employer ID No. (EIN) Social Security No. (SSN) Individual Taxpayer ID No. (ITIN)  N/A (Non-United States Business Entity) | | | |
| **Part III: Address** | | | |
| 1. Physical Address: | | 2. Remittance Address: | |
| Number, Street, and Apartment or Suite Number | | Number, Street, and Apartment or Suite Number | |
| City, State, and Nine Digit Zip Code or Country | | City, State, and Nine Digit Zip Code or Country | |
| **Part IV: Certification of CEO or Properly Authorized Individual** | | | |
| Under penalties of perjury, I certify that I am the CEO or properly authorized individual and that the number shown on this form is my correct Taxpayer Identification Number (TIN).  **Sign Here:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name Phone Number Email Address | | | |
| **Part V: Contact Information – Individual Authorized to Represent the Payee/Vendor/Organization** | | | |
| Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Print Name)**  **Contact’s Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: ( )\_\_\_\_\_\_\_\_ \_\_\_ \_ | | | |
| **Part VI: Survey of Future Payment Methods** | | | |
| Please indicate all methods of payment acceptable to your organization:  [ ] Electronic [ ] Check [ ] VISA | | | |

**NYS Education Department**

**Instructions for Completing NYSED Substitute W-9**

The NYS Education Department (NYSED) is using the NYSED Substitute Form W-9 to obtain certification of your TIN in order to facilitate your registration with the SFS centralized vendor file and to ensure accuracy of information contained therein. We ask for the information on the NYSED Substitute Form W-9 to carry out the Internal Revenue laws of the United States.

Any payee/vendor/organization receiving Federal and/or State payments from NYSED must complete the NYSED Substitute Form W-9 if they are not yet registered in the SFS centralized vendor file.

***Part I: Payee/Vendor/Organization Information***

1. **Legal Business Name**: For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As)**: Enter your DBA name, if applicable.
3. **Entity Type**: Mark the Entity Type doing business with New York State.

***Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type***

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)[[1]](#footnote-1) or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

***Part III: Address***

1. Physical Address: List the location of where your business is physically located.
2. Remittance Address: List the location where payments should be delivered.

***Part IV: Certification of CEO or Properly Authorized Individual***

Please sign, date and print the authorized individual’s name, telephone and email address. An email address will facilitate communication and access to Vendor Self Service.

***Part V: Contact Information***

Please provide the contact information for an individual who is authorized to make legal and financial decisions for your organization. An email address will facilitate communication and access to Vendor Self Service.

***Part VI: Survey of Future Payment Methods***

Payment methods are needed for informational purposes. To expedite payments, vendors are strongly encouraged to consider accepting payment via VISA credit card.

1. An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our NYSED Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS FormsW-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov. [↑](#footnote-ref-1)