# UNIVERSITY SYSTEM OF NEW HAMPSHIRE

## Purpose of USNH Substitute W9 Form

The University System of New Hampshire (USNH) consists of Whitham, UNHManchester, Keene State College, Plymouth State University, Granite State Colleged New Hampshire Public Television. USNH requires that a record be kept of any individual or business that receives a check from the University System, whether for services rendered, goods proviated for any circumstance for which monies would be aud SNH uses the attached Substitute Form to create a vendor record for an individual or business. This form also meets the requirements of the IRS Form Wuest for Taxpayer Identification Number. An employer identification number, or EIN, is also known as a taxpayer identification number, or TIN. Failure to return this form in a timely manner will delay payment. If you have any questions, please contact the appropriate campus Purchasing Office listed on the form.

#### Privacy Act Notice

USNH is requesting your Taxpayer Identification Number (TIN) to satisfy the requirements of Federal and State law. Section 6109 the Internal Revenue Code requires that you provide your correct TIN to be used on information returns (Forms 1099)thided wit Internal Revenue Service. Failure to provide your TIN could result in backup withholding and penalties. State law (RSA7282 a) requires USNH to file information reports with the State of NH using a sole proprietor's Social Security numbearatheir th TIN if services will be provided. Failure to provide this information will result in penalties. Any penalties assessed against USNH for failure to provide your correct TIN or SSN to federal and state authorities will be passed along to you.

USNH will not disclose your TIN or SSN to anyone outside the institution except as mandated by law.

### Instructions for Completing the USNH Substitute W9 Form

Individual or Sole Proprietor – Provide SSN (and EIN if applicable):

- x Provide your Social Sherity Number (SSN), full legal name, and physibalme address in addition to a mailing address if different (If you list a PO Box for a mailing address, you must also provide a physical home address)
  - If you are a sole proprietor providing services unust provide the Owner's SS, Null legal name, business address any "Doing business as" names the business may operate ulfiderul (st a PO Box for a mailing address, you must also provide a physical business address. Also provide your Employed number (EIN) if applicable.
  - x Otherwise, if you are a sole proprietor providing only gospecify an EIN and/or Owner's name and SSN
- x If a check should be issued to you personally, indicate 'Individual' in the Ownership Status. If a check should be the business name, indicate 'Sole Proprietor' in the Ownership Status.
- x Complete the "Business Classification" attachment if applicable.
- x Indicate if you are a foreign entity/nonesident alien.
- x Answer each question if applicable.
- x Sign and date theerm. Return the completed form as indicated on the Substitu9efol/m.

#### Business-Provide EIN:

x Provide the business' Employer ID Number (EIN), the full legal name of the business (the name under which the business files with the IRS), any "Doing business as" or other names the business may operate under, and the appropriate **Edding**: ( a PO Box for a mailing address, also include physical address).

# BUSINESS CLASSIFICATIONS ( ¥ill that apply)

Lawyer/Law Firm
Medical or Health Care Provider
<b>8(A) Designation</b> - The 8A designation is given to small companies owned by socially and economically disadvantaged persons, so that they may bid and obtain federal government contracts and other assistance to develop their business. The business owner must be eligible under the same rules and guidelines set down by the federal government.
<b>Disabled Owned</b> - A business that is a least 51% owned by one or more disabled persons who control and operate the business. Control in this context means exercising the power to make policy decisions and operate means to be actively involved in the day