



Office of the Controller
Accounts Payable
Pullman ,WA 99164
(590) 335-2060 FAX 335-2071

REQUEST FOR FEDERAL TAX IDENTIFICATION NUMBER AND CERTIFICATION

WSU ID#: _____

The Internal Revenue Service (IRS) requires that we report to them payments made to vendors/individuals on the information return, Form 1099. In order to comply with the IRS, we request that you complete the Name/Taxpayer Identification Number (TIN) combination below. The combination will be used by the IRS to help identify and verify the accuracy of any tax return you submit to them. We are required by the IRS to withhold 31% of payments made to you if you do not furnish us with a TIN. If you have any questions, please call (509) 335-2021

Please Print in ink or Type	Name (which you use for reporting to the IRS as either an individual, a corporation or a partnership)
	Address (which you use for reporting to the IRS include, number, street, and apt. or suite no.)
	City, State , and Zip Code

Part 1 Tax Status (Complete one category in print or type)

You are performing services as (check one An Individual Sole Proprietor Partnership Corporation

Other (please describe i.e. tax exempt, government entity, etc.) _____

Are you a corporation that provides medical & Health care services or bills & collects payments for such services? **Y N**

Social Security Number is: ____ -- ____ -- ____ OR Federal Employer ID Number is: ____ -- ____

Part 2 Certification	Under penalties of perjury, I certify that (<i>circle one</i>):	
	1. 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	
	2. I am exempt from backup withholding	
Please Sign Here	Signature:	Date:
	Type or print name and title:	Phone number:

Please return the completed form with your signed invoice voucher and mail to the address below or FAX it to:

Carol Silvieus / SPRC
Washington State University
412 North Spokane Falls Blvd
P.O. Box 1495
Spokane, WA 99210-1495

FAX Number: (509) 358-7810