

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	еу	ou begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.												
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	owner's n	ame	on lir	ne 1, an	d ent	er th	e bus	iness/o	disreg	arded		
Print or type. See Specific Instructions on page 3.	2	Business name/disregarded entity name, if different from above.												
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Other (see instructions)						Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)							
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions								(Applies to accounts maintained outside the United States.)					
	5	5 Address (number, street, and apt. or suite no.). See instructions.							and address (optional)					
	6	6 City, state, and ZIP code												
	7	List account number(s) here (optional)												
Par	t I	Taxpayer Identification Number (TIN)												
Enter	γοι	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	oid/	Soc	cial s	ecurity	num	ber						
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (FIN). If you do not have a number, see How to get a									_					
TIN, later. Employer identification number							or		\neg					
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.						_		T						
Par	t II	Certification												
		nalties of perjury, I certify that:												
1. The 2. I ar Ser	nu n no vice	mber shown on this form is my correct taxpayer identification number (or I am waiting for of subject to backup withholding because (a) I am exempt from backup withholding, or (b) at (IRS) that I am subject to backup withholding as a result of a failure to report all interest ger subject to backup withholding; and	I have r	not b	een	notifie	d by	the	Inter					
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is cor	ract										
		ion instructions. You must cross out item 2 above if you have been notified by the IRS that	-			subiect	to h	ack	iw au	thhold	lina			

because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

General Instructions

Signature of

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Sign

Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Date



Supplier Information FormIf you are a student or employee of any USG institution, please contact your institution's HR department for assistance.

Only US banking information can be included on this form for payment.

Do Not Send This Form to IRS

Note: Omissions of 2. Print and sign form	of this form electronically. If you prefer to complete the form requested information on this form may result in delayed revour institution contact. cepted.			y distinguish numbers.						
Section 1 – Requesting Institution Information										
USG Institution to which you are providing goods or services?			USG Contact Person and Phone Number							
	Section 2 –	Supplier 1	nformation							
Business/Individual Conta	ct Information *Required									
Legal Name: (Name used on Tax Filing & W9) *Required										
Contact Name: *Required										
Phone Number: *Required										
Website URL:		Email:								
Purchasing Order (Invoicing	g) Address:									
Address: (Street Name/No)										
City:		State:		Zip Code:						
Payment (Remit) Address:										
Address: (Street Name/No)										
City:		State:		Zip Code:						
	• •	usiness Ty	pe Information *Required * answered*							
1. Are you primar	ly a supplier of services or goods?	Goo	ds Services - *A selection fo	r Question 2 is required						
2. Do you expect of USG (independe	 Do you expect to receive payment for any of the following from USG? Note: If you do not see your service listed, select non-employee of USG (independent contractor). * Required * 									
My company Is being paid for services as a non-employee of USG (independent contractor). My company Is being paid for fellowship training stipend, or research participant.										
My company Is being paid for registration.			My company Is being paid for h	nonorarium.						
My company Is being paid for repairs/maintenance.			My company Is being paid for sh	ort course Instructor-professional education.						
My company Is being paid for expense reimbursement as a non-employee.			My company Is being paid for a	wards/prizes.						
My company Is being paid for legal services.			My company Is being paid for re	ent (real estate or machinery).						
My company Is being p	aid for public speaking or entertainment.		My company Is being paid for ro	pyalties.						
My company Is being p	aid for medical or healthcare services.									



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Additional Reporting Elements								
Sm Disadvantaged Business [8(a) Contract Award								
Other Preference Programs Buy Indian Directed to JWOD Nonprofit No Preference/Not Listed Small Business Set-Aside Very Small Business Set-Aside								
Number of Employees 10 or less 11-100 101-300 301-1000 1001 or more								
Veteran Owned Business Not Veteran Owned Sm Business Service Disabled VOSB Veteran Owned Business								
Ethnic Minority (51% or More) African American Asian American Hispanic/Latino Native American Pacific Islander								
Small Business	* Georgia Resident Business** Women O	wned Business	Minority Owned Business	Not Applic	able			
* A small business is defined as a business that is independently owned and operated. In addition, such a business must either have 300 less employees or \$30 million or less in gross receipts per year ** Georgia resident business is defined as any business that regularly maintains a place from which businesses is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place form which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.								
	Section 4 – Up							
	*If you have recently had a Old/Prior	Address Unange Address Info	•					
Purchase Order (Invo	oicing) Address							
Address: (Street Name/No)	Address:							
City:		Zip Code:		State:				
Payment (Remit) Add	ress							
Address: (Street Name/No)								
City:		Zip Code:		State:				
New Address Information								
Purchase Order (Invoicing) Address								
Address: (Street Name/No)								
City:		Zip Code:		State:				
Payment (Remit) Address								
Address: (Street Name/No)								
City:		Zip Code:		State:				



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Section 5 – Payment Information								
Method of Payment								
Check ACH – Direct Deposit								
ACH – Direct Deposit – Action Required (Select only One)								
	ACH – Direct Deposit Instructions: Use this form to start, change, or stop ACH payments from a USG Institution. Employees should visit OneUSG Connect web page to change payroll preferences							
Please note that the University System of Georgia, in cooperation with the State of Georgia Accounting Office, is working to reduce paper checks and utilize electronic payments, ACH – Automated Clearing House (Direct Deposit), as much as possible. Electronic payments will ensure secure and timely payment for your goods or services.								
Action Required:								
Select Change to update be	Select Change to update banking information for ACH payments. ACH payments will be stopped once a change request is received, and payments will be issued via check							
undi the new panking inion	until the new banking information is verified and updated. Account Type (Select only One)							
	Checking	Savings						
	Banking Information	<u>—</u>						
	*Only US banking information can be included on							
Banking information:								
account number.	umber that identifies your financial institution. It is found in the bottom l	left-hand corner of a check. Include all leading zeros in the						
,	on for help with routing and account numbers.							
 Notes: For first time ACH payments, pre-notification is required, which may take up to 10 days. Payments made before pre-notification process is complete will occur by check. ACH payments will only be made to U.S banks. For updates/changes, both Old/Prior and New information is required to process the request. Please note that representatives from our Shared Services Center may call to verify addresses and/or banking information. The call will come from a Sandersville, GA "478" area code. *If you are changing bank information, please list old and new* 								
Transaction Type	ansaction Type Change Bank Information Add Bank Information							
	Old/Prior	New						
Name on Account								
Bank Name								
Routing Number								
Account Number								
Re-enter Account Number								
Authorized Signature This signature signifies acceptance of the terms and conditions in the agreement below.								
ACH Contact Name:	ACH Contact Name:							
Email for ACH Confirmation: *Required								
Print First & Last Name: *Required		<u>, </u>						
Signature of Authorized Individual: *Required		Date:						
AGREEMENT:	*Original, handwritten signature OR electronic signature wit	h date/time stamp*						

- I hereby authorize USG or any affiliated institution to electronically deposit all invoice payments to my account in the financial institution listed above. In the event that a USG institution notifies the financial institution that funds have been deposited to my account in error, I hereby authorize and direct the financial institution to return said funds to the institution as soon as possible. In the event such funds have been drawn from that account so that return of those funds by the financial institution to the

USG institution is not possible, I agree to immediately repay any erroneous deposits to the institution. I further agree that if I do not immediately repay erroneous deposits to the institution. I further agree that if I do not immediately repay erroneous deposit, I will be liable for all costs of collection, including reasonable attorney's fees incurred by the USG institution in the collection of such erroneous deposit, together with the maximum interest permitted by law. Furthermore, in the event of failure to repay any amounts I owe to the institution, I hereby authorize the institution to recover such amounts by deducting them from any future payments until the amounts owed are recovered in full. I understand that this authorization is to remain in effect until USG Shared Services Center has received written notification from me of its termination in such time and manner as to afford USG SCC, and the financial institution named above, a reasonable opportunity to act upon it, provided, however, that after termination, I shall remain liable for any amounts owed to the USG institution. I certify that I am authorized to sign on behalf of my company.