



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type
 Please see attachment or reverse for complete instructions.

Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI
 State of South Dakota

Trade Name
 If doing business as (DBA) or enter business name of Sole Proprietorship
 South Dakota State University

Order Address (where orders should be mailed)
 PO Box or Number and Street, City, State, ZIP + 4
 PO Box 2201
 Brookings, SD 57007

Remit Address (where checks should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4

Business Classification – This section is voluntary and information provided is confidential. Check all that are applicable.

Small Business Disadvantage Business
 HUBZone Small Business Minority Institution
 Veteran Owned Small Bus. Minority-Owned Business
 Service Disabled Veteran Owned Small Business
 Woman Owned Business

Entity Designation (check only one)
Required

Individual / Sole Proprietor
 Corporation (includes service corporations)
 Limited Liability Company - Partnership
 Limited Liability Company - Corporation
 Government Entity
 Hospital Exempt from Tax or Government Owned
 Long Term Care Facility Exempt from Tax or Government Owned
 All Other Entities

Taxpayer Identification Number (TIN)
 If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.

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Check Only One Required

Social Security Number (SSN)
 Employer Identification Number (EIN)
 Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification
 Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to back up 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 back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a US resident alien).

Printed Name Janet Peterson	Printed Title Accounts Payable Supv	Telephone Number / Facsimile Number (605) 688-6282 (605) 688-5014
Signature <i>Janet Peterson</i>		Date (mm/dd/ccyy)

Optional Direct Deposit Information

Your Bank Account Number checking Name on Bank Account Bank Routing No. (9-digit ABA #)
 savings

THIS IS A:
 new direct deposit change of existing additional direct deposit email change only

****Order From E-mail address** (Please make this LEGIBLE) **Website:**

Remit To E-mail address (If different from Order From)

****If you provide your Order From E-mail address you will be sent Purchase Orders electronically to this email address.**