



Substitute W-9 Form

Name: _____
(as shown on your income tax return)

Business Name: _____
(if different from above)

Address: _____

City: _____ State _____ ZIP _____

Email: _____

Attention:

This information is being sent to any company or individual requesting payment from Johnson County Community College, to include student scholarships, prize awards, reimbursements and all payments. The completed information will be used to determine tax reporting to the Internal Revenue Service.

If we do not receive your completed form, no payment can be made to you or your organization.

Thank you for your assistance in helping us comply with IRS regulations. If you have any questions, please contact the person requesting this information or Procurement Services at procurement@jccc.edu.

Vendor / Individual / Student Information

1. Taxpayer Identification Number (TIN)

Social Security Number: _____ OR Federal Tax ID Number: _____

Phone Number: _____ Fax Number: _____

Check One: U.S. Citizen OR Resident Alien

If you are completing this form as a student, JCCC Student ID Number _____

2. Organizational Structure (check one)

Individual/Sole Proprietor C Corporation S Corporation Partnership

Limited Liability Company. Enter tax classification (C Corp, S Corp, Partnership)

Other _____

3. If your organization engages in the following activities, please check one.

Attorney Legal Services Medical or Health Care Services and/or Supplies

4. Signature of U.S. Person (Including a U.S. Resident Alien)

By signing this form, you are certifying (a) your taxpayer identification number is correct; (b) you are not subject to backup withholding; and (c) you are a U.S. Citizen or U.S. Person as defined by the IRS for federal tax purposes. If you are subject to backup withholding, please strike item (b) above.

Name: _____ Title: _____ Date: _____