

Form W-9 Substitute 4/2008	BOSTON COLLEGE Accounts Payable Office 140 Commonwealth Avenue, 129 Lake St, Rm 200 Chestnut Hill, MA 02467 Email: acctpay@bc.edu Ph: 617-552-3366 Fax: 617-552-0661	DO NOT SEND To IRS Send to Requester Accounts Payable Boston College
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Vendor # _____

Office use only

Please Type

Legal Name (of owner/business that belongs to EIN or SSN as Name appears on IRS or SSN Records)
Do not enter the business name of a Sole Proprietorship on this line

Trade Name: Complete only if doing business as (D/B/A)

Permanent Address: If Individual, must enter an address for annual use

Street _____ or/and PO Box/Apt _____

Address 2 and/or Attn:/Care of _____ City _____ State _____ Zip _____

e-mail: _____

Contact #: _____ Fax #: _____

Individual

Speaker/Honorarium* (Individual's SSN) _____ - _____ - _____

Independent Contractor*

Awards/Prizes

*Please note all money including expenses will be reported on 1099. Retain receipts for your records

Corporation Do you provide legal or medical services? Yes No EIN _____ - _____

Partnership General Limited SSN _____ - _____

Sole Proprietorship (Owner's SSN or Business EIN)

Government Operated Entity

Exempt Organization from Tax

If you are a certified diverse supplier, please send the certificate with the W9 (Check all that apply)

<input type="checkbox"/> White-Non-Hispanic	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Black-Non-Hispanic	<input type="checkbox"/> Amer Indian/Alaskan Native
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Minority - Not Specified	<input type="checkbox"/> Other _____
<input type="checkbox"/> Non-US	<input type="checkbox"/> Neighboring Town	<input type="checkbox"/> Alumnus Owned	<input type="checkbox"/> Small Business
<input type="checkbox"/> Hub Zone Business	<input type="checkbox"/> Veteran Owned	<input type="checkbox"/> Disabled Owned	<input type="checkbox"/> Prefer not to answer

Bank Information – Please provide your bank information for Direct Deposit (ACH) payments

Bank Name _____

Bank Account _____

Routing # _____

Your Company E-mail for Payment Notification _____

Certification

Under Penalties of Perjury, I certify that:

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 not subject to backup 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 backup 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, and
3. I am a U.S. citizen or other US person
4. I understand I will be charged a 1% service charge for all paper checks generated

Contact Information

Your BC Contact _____ Phone # _____

Sign Here:

Signature of U.S. Person _____ Date _____

Please Print, Sign, and Scan to acctpay@bc.edu or Fax to (617) 552-0661 to become a BC Vendor, or Mail to address at top of form.
We prefer to receive scanned or faxed documents