Form **W-9** Substitute 4/2008	**BOSTON COLLEGE** 140 Commonwealth Avenue, Chestnut Hill, MA 02467 Accounts Payable Office Ph: 617-552-8561 Fax: 617-552-0661	**DO NOT SEND To IRS Send to Requester Boston College**

Please Print or 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)**

Remit Address: (For Payments)
e-mail:_____ **Contact #:**_____

Street #_____ **or/and PO BOX**_____

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

Permanent Address: **If Individual, must enter an address for annual use**
e-mail:_____ **Contact #:**_____

Street_____**or/and PO Box/Apt**_____

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

Check legal entity below type or enter a 9 digit taxpayer Identification Number (TIN) below:
(SSN = Social Security Number, EIN = Employer Identification Number)

☐ **United States Citizen** ☐ **US Resident Alien** **SSN or EIN must be for legal name above**
☐ **Check here if you do not have a SSN or EIN but have applied for one.**

☐ **Individual** (Individual's SSN) _____-_____-_____

☐ **Sole Proprietorship** (Owner's SSN or Business EIN) SSN_____-_____-_____
EIN_____ -_____

☐ **Partnership** ☐ General ☐ Limited (Partnership's EIN) _____-_____

☐ **Corporation**
Do you provide legal or medical services? ☐ Yes ☐ No (Corp's EIN)_____-_____

☐ **Government Operated Entity** (Entity's EIN)_____-_____

☐ **Exempt Organization from Tax**
Do you provide medical services? ☐ Yes ☐ No (Org's EIN)_____-_____

☐ White – Non-Hispanic ☐ Black Non-Hispanic ☐ Hispanic/Latino ☐ American Indian/Alaskan Native
☐ Minority – Not Specified ☐ Women Owned ☐ Alumnus Owned ☐ Neighboring Town ☐ Non US
☐ Other: please explain_____

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

Sign Here:

Signature of U.S. Person_____ **Date**_____

Vendor #_____
Office use only