JAMES MADISON UNIVERSITY
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION
Substitute Form W-9

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Each person or organization doing business with the Commonwealth of Virginia must provide the following information:

Legal Name ____
(must match the Social Security Number, if applicable)

Trade Name ____
(must match the Employer Identification Number, if applicable)

Mailing Address ____

________________________ ________ ____________ ___________________
City State Zip Country

Contact Person __________________________________ Business Phone (_______) _______ - __________

Dun and Bradstreet Number ____

ORGANIZATION ENTITY AND TAX IDENTIFICATION NUMBER (TIN) – The number provided in this section will be used to report payments to the IRS, if applicable.

Organization Entity: Check Only One:	Taxpayer Identification Number Social Security No:		(TIN) (must complete): Employer Identification No:
|__| I – Individual	|__|__|__|__|__|__|__|__|__|		
|__| A – Foreign Individual * (See Below)	|__|__|__|__|__|__|__|__|__|		
|__| E – Sole Proprietor	|__|__|__|__|__|__|__|__|__|	AND	|__|__|__|__|__|__|__|__|__|
|__| B – Partnership			|__|__|__|__|__|__|__|__|__|
|__| C - Corporation			|__|__|__|__|__|__|__|__|__|
|__| S – Sub Chapter S Corporation			|__|__|__|__|__|__|__|__|__|
|__| M – Medical Corporation			|__|__|__|__|__|__|__|__|__|
|__| G – Federal or State of Virginia/ Governmental Entity			|__|__|__|__|__|__|__|__|__|
|__| L – Local or Other State Governmental Entity			|__|__|__|__|__|__|__|__|__|
|__| T – Trust or Estate			|__|__|__|__|__|__|__|__|__|
|__| N – Nonprofit Organization ** (See Below)			|__|__|__|__|__|__|__|__|__|
|__| J – James Madison University Employee			|__|__|__|__|__|__|__|__|__|

*__THE UNIVERSITY WILL WITHHOLD 30% TAXES FOR PAYMENT TO FOREIGN INDIVIDUALS UNLESS NOTIFIED OF ALLOWABLE EXEMPTIONS.__

******ONLY IF organization (association, club, religious, charitable, education or other group) is tax exempt under IRS Code Section 501(a). Note : This includes organizations exempt under IRS Code Section 501(c)(3).

CERTIFICATION: Under Penalties of Perjury, I Certify That:
(1)The number(s) shown on this form is (are) the correct taxpayer number(s) (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (You must CROSS OUT ITEM (2) above if you have been notified by IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return).

Signature ____ Date:_________________

Print Name of Authorized Signor____