


This template can be used to help identify properly completed COVA W-9's from the vendors you do business with. All areas highlighted in yellow are required fields, and if they are missing please reach back out to your vendor for a properly completed COVA W-9. W-9's that come to Accounts Payable incomplete or with missing information will result in delayed payments.

**Note: This is just a template meant for guidance. The blank COVA W-9 that can be distributed to vendors is located on the Forms Index within the Financial Procedures Manual.

Form W-9 Commonwealth of Virginia Substitute W-9 Form Revised July 2014		Request for Taxpayer Identification Number and Certification		
One box must be checked	Social Security Number (SSN)		Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number. The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.	
	Employer Identification Number (EIN)			
Add this info if it applies	Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)		Legal Name:	
			Business Name:	
Check the box that applies	Entity Type		Entity Classification	
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation		<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	
Add Legal Address	Legal Address		Contact Information	
			Name: _____ Email Address: _____ Business Phone: _____ Fax Number: _____ Mobile Phone: _____ Alternate Phone: _____	
Add Remittance Address if different from Legal Address	Remittance Address		Exempt payee code (if any): (from backup withholding)	
	City: _____ State: _____ Zip Code: _____ City: _____ State: _____ Zip Code: _____		Exemption from FATCA reporting code (if any): _____	
Print Name	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 U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification.			
Original Signature required (no stamped, digital or printed signatures are accepted by the Commonwealth Vendor Group)	Printed Name:		Date:	
	Authorized U.S. Signature:			

Add Legal Name and/or Business Name

Add this info if it applies

Add Contact Information

Date required