

NC Office of the State Controller  
 (IRS Form W-9 will not be accepted in lieu of this form)  
 \*Denotes a Required Field

STATE OF NORTH CAROLINA  
 SUBSTITUTE W-9 FORM  
 Request for Taxpayer Identification Number



Section 1 - Taxpayer Identification

*1. <input type="checkbox"/> Social Security Number (SSN), OR <input checked="" type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)		Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.
*2. 5 6 6 0 0 1 4 6 8 (PRESS THE TAB KEY TO ENTER EACH NUMBER)		
*4. Legal Name (as shown on your income tax return): The University of North Carolina at Greensboro		3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)  6 1 6 1 5 2 5 6 7 (PRESS THE TAB KEY TO ENTER EACH NUMBER)
5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name: Office of Contracts and Grants		
<b>Contact Information</b>		
*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)		7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)
*Address Line 1: Office of Sponsored Programs		Address Line 1: Office of Contracts & Grants
Address Line 2: 1111 Spring Garden Street, Suite 2601, Room 2702 MHRA Building		Address Line 2: 1111 Spring Garden Street, Room 2511 MHRA Building
*City Greensboro	*State NC	*Zip (9 digit) 27412-5013
*County Guilford	City State Zip (9 digit) Greensboro NC 27412-5013	
*8. Contact Name: Valera T. Francis, PhD		County Guilford
*9. Phone Number: 336-334-5878		
10. Fax Number: none		
11. Email Address: research@uncg.edu		

Section 2 - Certification

*12. Entity Type <input type="checkbox"/> Individual/Sole Proprietor/Single-member LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input checked="" type="checkbox"/> Other State University <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____		*13. Entity Classification <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal/Attorney Services <input type="checkbox"/> NC Local Govt <input type="checkbox"/> Federal Govt <input checked="" type="checkbox"/> NC State Agency <input type="checkbox"/> Other Govt <input type="checkbox"/> Other (specify)	14. Exemptions (see instructions)  Exempt payee code (if any): 3  Exemption from FATCA reporting code (if any): C
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
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 because 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: Please refer to the IRS Form W-9 located on the IRS Website ( <a href="https://www.irs.gov/">https://www.irs.gov/</a> ):			
*Printed Name: William D. Walters		*Printed Title: Director, UNCG Office of Contracts & Grants	
*Authorized U.S. Signature: <i>William D. Walters</i>		* Date: October 21, 2019	

Please complete the "Modification to Existing Vendor Records" section below if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address

Return to the NC State Agency from which you are requesting payment.