

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



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

Section 1 – Taxpayer Identification

<p>*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)</p> <p>*2. 5 6 6 0 0 1 4 6 8 (PRESS THE TAB KEY TO ENTER EACH NUMBER)</p>	<p>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.</p>
<p>*4. Legal Name (as shown on your income tax return): University of North Carolina at Greensboro</p> <p>5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name: UNCG or UNC Greensboro</p>	<p>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)</p>
Contact Information	
<p>*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)</p> <p>*Address Line 1: Office of Sponsored Programs</p> <p>Address Line 2: 1111 Spring Garden Street, Suite 2601</p> <p>*City Greensboro *State NC *Zip (9 digit) 27402-5013</p> <p>*County Guilford</p>	<p>7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)</p> <p>Address Line 1: Contract & Grant Accounting</p> <p>Address Line 2: PO Box 26170</p> <p>City Greensboro State NC Zip (9 digit) 27402-6170</p> <p>County Guilford</p>
<p>*8. Contact Name: Joy Dismukes</p> <p>*9. Phone Number: 336-334-5878</p> <p>10. Fax Number: none</p> <p>11. Email Address: research@uncg.edu</p>	

Section 2 – Certification

<p align="center">*12. Entity Type</p> <p><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 <u>State University</u> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____</p> <p>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.</p>	<p align="center">*13. Entity Classification</p> <p><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)</p>	<p align="center">14. Exemptions (see instructions)</p> <p>Exempt payee code (if any): 3</p> <p>Exemption from FATCA reporting code (if any): C</p>
<p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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 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 I am a U.S. citizen or other U.S. person (defined later in general instructions), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):</p>		
<p>*Printed Name: William D. Walters</p> <p>*Authorized U.S. Signature: William Walters</p>	<p>*Printed Title: Director-Contract & Grant Accounting</p> <p>Digitally signed by William Walters Date: 2023.01.30 10:38:09 -05'00'</p>	<p>*Date: 01/30/2023</p>

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.