NC Office of the
State Controller
(IRS Form W-9 will not be
accepted in lieu of this form
*Description of Descriptional Physics

STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM



Request for Taxpayer Identification Number

	Emplo	Security Number (SSN), OR oyer Identification Number (EIN), OR dual Taxpayer Identification Number (ITIN)	or ITIN) type and Identification Nu provide this info	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 28% for backup withholding tax.			
	*4. Legal Name (as s	hown on your income tax return):	3. Dunn 8	3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)			
	5. Business Name/D Legal Name:	BA/Disregarded Entity Name, if different from	n				
_	Contact Information						
Taxpayer Identification	*6. Legal Address			ess (Location specifically gal Address, if applicable	used for payment that is		
	*Address Line 1:		Address Line 1:				
	Address Line 2:		Address Line 2:	Address Line 2:			
	*City	*State *Zip (9 digit)	City	State	Zip (9 digit)		
	*County		County				
1	*8. Contact Name:						
	*9. Phone Number:						
Section	10. Fax Number:						
Se	11. Email Address:						
	*12. Entity Type			*	14. Exemptions (see		
		*12. Entity Type		*13. Entity Classification	instructions)		
	Individual/Sole P	*12. Entity Type roprietor/Single-member LLC C-Corporation	on S-Corporation	•	instructions)		
	Individual/Sole P Partnership	roprietor/Single-member LLC C-Corporation	on S-Corporation	Classification Medical Service Legal/Attorney	instructions)		
	Partnership Limited liability c	roprietor/Single-member LLC C-Corporation Trust/Estate Other ompany. Enter the tax classification (C=C corporation)		Classification Medical Service	s instructions)		
	Partnership Limited liability c S=S corporation,	roprietor/Single-member LLC C-Corporation Trust/Estate Other ompany. Enter the tax classification (C=C corporation P=Partnership)	ation,	Classification Medical Service Legal/Attorney Services NC Local Govt Federal Govt	Exempt payee code (if any):		
	Partnership Limited liability c S=S corporation, Note: Check the appro	roprietor/Single-member LLC C-Corporation Trust/Estate Other ompany. Enter the tax classification (C=C corporation P=Partnership) opriate box in the line above for the tax classification	ation, tion of the single-	Classification Medical Service Legal/Attorney Services NC Local Govt	Exempt payee code (if any):		
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STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Modification to Existing Vendor Records



This form is to be completed by the vendor if one or more of the following have changed:

- 1. Change of remittance address.
- 2. Change of Social Security Number (SSN), or Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN).
- 3. Change of Vendor Name.

Please complete the applicable sections below.

Section 1:

CHANGE FROM: Remittance Address			CHANGE TO: Remittance Address		
*Address Line 1: Address Line 2:			*Address Line 1:		
			Address Line 2:		
*City	*State	*Zip (9 digit)	*City	*State	*Zip (9 digit)
*County			*County		

Section 2:

* CHANGE FROM: SSN, or EIN, or ITIN

* CHANGE TO: SSN, or EIN, or ITIN

Section 3:

CHANGE FROM: Vendor Name

*Legal Name:

Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

CHANGE TO: Vendor Name

*Legal Name:

Business Name/DBA/Disregarded Entity Name, if different from Legal Name:

*Printed Name:	*Printed Title:	
*Authorized U.S.		* Date:
Signature:		