



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER  
SUBSTITUTE FORM W-9: (DOH version)  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:

2. If you use a DBA, please list below:

3. Entity Type (Check one only):

- Sole Proprietor  
  Partnership  
  Limited Liability Co.  
  Business Corporation  
  Unincorporated Association/Business  
  Federal Government  
 State Government  
 Public Authority  
 Local Government  
 School District  
 Fire District  
 Other \_\_\_\_\_

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: (DO NOT USE DASHES)

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2. Taxpayer Identification Type (check appropriate box):

- Employer ID No. (EIN)  
 Social Security No. (SSN)  
 Individual Taxpayer ID No. (ITIN)  
 N/A (Non-United States Business Entity)

**Part III: Address**

1. Physical Address:

2. Remittance Address:

Number, Street, and Apartment or Suite Number

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

**Part IV: Exemption from Backup Withholding and Certification**

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

**Exempt from Backup Withholding**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Preparer's Name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email Address

**Part V: Contact Information – Individual Authorized to Represent the Vendor**

Vendor Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FOR DOH USE ONLY**