

The form below is for vendor's remittance information. If you are requested by the Procurement Office to submit this form, please print out the form, fill in all items up to "Office Use Only", and fax the completed form to: Nassau Community College, Procurement Office, Attn.: Procurement Webmaster, at fax number (516)572-9723.

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Document Type: Initial Entry [] Revision []

VENDOR/PAYEE ID: [][][][][][][][][][] (9) SUFFIX: [][] (2)
(Optional)

VENDOR/PAYEE NAME: _____ (40)

_____ (30)

REMIT TO ADDRESS: _____ (40)

_____ (40)

_____ (26) STATE [][] (2) ZIP _____ (9)

Please answer the four questions below and sign at bottom. Incomplete forms will delay payment.

- A. The vendor/payee ID number provided above is: Federal ID # [] Social Security # []
- B. Is vendor/payee incorporated: Yes [] No []
- C. Is a medical or legal service ever provided by vendor Yes [] No []
- D. Is vendor/payee an employee of Nassau County: Yes [] No []

Certification - Under penalties of perjury, I certify that: (1) The number shown on this form is my correct 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. (3) The information provided on this form is correct to the best of my knowledge.

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 of under reporting interest or dividends on your tax return. For real estate transactions, item (2) does not apply.

PLEASE SIGN HERE _____

DATE _____ TITLE _____

Office use Only: _____ *Nassau County Comptroller*

Form submitted by: _____ (Name) *240 Old Country Road*

_____ (NC Department) *Mineola, NY 11501*

Office use only
 TYPE: **V** or **E** ADMIN ST: **P** PAY IN: **R** FTAX/SSN IN: **F** or **S** RESTRD.N 1099 REPORT: **Y** or **N**
 ALPHA SORT: **Form# 700-W9**
 CO-4529, 5/99