



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER  
SUBSTITUTE FORM W-9:  
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:

Number, Street, and Apartment or Suite Number

2. Remittance Address:

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: \_\_\_\_\_

**DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO NYS ONLY AS DIRECTED**  
**By FAX (518) 473-4392, Email [VMU@osc.state.ny.us](mailto:VMU@osc.state.ny.us) or mail to:**  
**110 State Street Mail Drop 10-4 Albany, NY 12236-0001**

**FOR OSC USE ONLY**

## NYS Office of the State Comptroller Instructions for Completing Substitute W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.<sup>1</sup> We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

### **Part I: Vendor Information**

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

### **Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type**

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)<sup>2</sup> or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

### **Part III: Address**

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

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

Generally, reportable payments made by New York State are subject to Backup Withholding. Exemption from Backup Withholding applies to government and non-United States Business Entities<sup>3</sup>. Please sign, date, provide the preparer's name, telephone and email address. The preparer should be employed by your organization.

### **Part V: Contact Information**

Please provide the contact information for an executive at your organization. This individual should be a person who makes legal and financial decisions for your organization.

<sup>1</sup> According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

<sup>2</sup> An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at [www.irs.gov](http://www.irs.gov).

<sup>3</sup> In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9. IRS Form W-8 certifies your foreign status and exempts you from United States information return reporting and backup withholding rules. To obtain IRS Form W-8, call 1-800-829-3676 or visit the IRS website at [www.irs.gov](http://www.irs.gov).