

845-677-5976 (fax)

Substitute W-9
Request for Taxpayer Identification number and
Certification of Business Type

PLEASE USE THIS FORM

Part I Taxpayer Information:

NAME (as shown on your income tax return): _____

BUSINESS NAME, if different from above: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

(Check the appropriate category)

Individual (Sole Proprietor) Partnership C Corporation S Corporation
 LLC (indicate classification) _____ Other (please explain): _____

Part II Taxpayer Identification Number (TIN)

SOCIAL SECURITY #: ___ - ___ - _____ OR EMPLOYER IDENTIFICATION #: ___ - _____

Part III Taxpayer Information

The undersigned certifies that the above named company maintains a business classification as indicated below. Further, it is understood and agreed that misrepresentation of the supplier's business classification is subject to penalties as prescribed in FAR Clause 52.219.1, "Small Business Program Representations"

Type of Business

Small Large Historical Black Colleges & Universities Alaska Native Corporation/Indian Tribe

Subcategories of Small Business(the company is at least 51% owned, controlled, actively managed by)

Small Disadvantaged Women Owned Veteran Owned HUBZone Service Disabled Veteran Owned
 Minority Owned

Exemptions: Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

Part IV Certifications

Independent Contractor Certification

I certify that I am entitled to claim independent contractor status because (1) I offer my services to multiple clients; (2) as a contractor, I am not eligible for worker's compensation or other Cary Institute employee benefits.

Signature

Date signed

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, 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 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, and
3. I am a U.S. citizen or other U.S. person

Prepared by (please provide signature)

Date signed

Name (please print)

Title