



Substitute Form W-9 Instructions

Along with submission, please click to view the [Travel and Expense User Access Form](#)

Employees who request reimbursement from the college must be registered as a NYC vendor. The City uses the Substitute Form W-9 to obtain certification of your SSN in order to ensure accuracy of information contained in its payee/vendor database.

Registration takes anywhere from 2-4 weeks. Any section that is missing and/or incomplete will delay the registration process. You will be notified by email once you have been successfully registered.

Part I: Vendor Information:

1. Enter your Full Legal Name as is appears with any other government agency such as with the Social Security Administration.
2. Leave the DBA Blank

Part II: Taxpayer Identification Number & Taxpayer Identification Type:

1. Enter your FULL Social Security Number

Part III: Vendor Addresses:

- While CUNY employees are not eligible for 1099 reporting, the NYC Comptroller's Office requires that you **fill in all three address lines completely with your HOME address**. Do Not write "Same as Above."
- If your address is incorrect you must complete this form in its entirety along with a letter that states you are requesting a change of address. You must include your previous and new address in the letter.

Part IV: Exemption from Backup Withholding and FATCA Reporting

- Skip this section. It is not required from CUNY employees

Part V: Certification

- Enter your personal phone number, personal email address and date the form. Do not use your LaGuardia contact information.
- Enter your Name in the Print Preparer's Name line
- Print and sign the form

Hand-Deliver (DO NOT EMAIL) the completed Substitute Form W-9, a copy of a photo ID, and the CUNYFirst Travel and Expenses User Access Request Form to the Accounts Payable Department located in E-413



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

Part I: Vendor Information

1. Legal Business Name: (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C -or- Social Security Administration Records, Social Security Card)

2. If you use DBA, please list below:

- 3. Entity Type (Check one only):
- Non-Profit Corporation
- Corporation/ LLC
- Joint Venture
- Church or Church-Controlled Organization
- Government
- Single Member LLC (Individual)
- City of New York Employee
- Resident/Non-Resident Alien
- Personal Service Corporation
- Individual/ Sole Proprietor
- Non-United States Business Entity
- Trust
- Estate

Part II: Taxpayer Identification Number & Taxpayer Identification Type

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

TIN input fields

2. Taxpayer Identification Type (check appropriate box):

- Employer ID Number (EIN)
Social Security Number (SSN)
Individual Taxpayer ID Number (ITIN)
N/A (Non-United States Business Entity)

Part III: Vendor Addresses

Table with 3 columns: Address Label, Number, Street, and Apartment or Suite Number, City, State, and Nine Digit Zip Code or Country. Rows include 1. 1099 Address, 2. Account Administrator Address, 3. Billing, Ordering & Payment Address.

Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)

Exemption Code for Backup Withholding _____ Exemption Code for FATCA Reporting _____

Part V: Certification

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 US citizen or other US person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign

Here:

Signature, Phone Number, Date, Print Preparer's Name, Phone Number, Contact's E-Mail Address

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code, Contact Person, Contact's E-Mail Address, Telephone Number, Payee/Vendor Code