



## 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):
- |   |   |   |  |  |                                 |
|---|---|---|--|--|---------------------------------|
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Corporation/ LLC | <input type="checkbox"/> Government                     | <input type="checkbox"/> City of New York Employee   | <input type="checkbox"/> Individual/ Sole Proprietor       | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Joint Venture          | <input type="checkbox"/> Partnership/ LLC | <input type="checkbox"/> Single Member LLC (Individual) | <input type="checkbox"/> Resident/Non-Resident Alien | <input type="checkbox"/> Non-United States Business Entity | <input type="checkbox"/> Estate |

**Part II: Taxpayer Identification Number & 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 Number (EIN)  
  Social Security Number (SSN)  
  Individual Taxpayer ID Number (ITIN)  
  N/A (Non-United States Business Entity)

**Part III: Vendor Addresses**

<b>1. 1099 Address:</b>	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country
<b>2. Account Administrator Address:</b>	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country
<b>3. Billing, Ordering &amp; Payment Address:</b>	Number, Street, and Apartment or Suite Number	City, State, and Nine Digit Zip Code or Country

**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:

- The number shown on this form is my correct Taxpayer Identification Number, and
- 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
- I am a US citizen or other US person, and
- 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: _____	_____