



Louisiana Tech University

Office of the Comptroller
P.O. Box 7924
Ruston, LA 71272
(318) 257-4325 Voice
(318) 257-2234 Fax



Substitute Form W-9

This certification form is used by Louisiana Tech University to determine the tax status of individuals, corporations, or other business entities receiving payments for services, rentals, royalties, and/or copyright payments. Please return this completed form to the Louisiana Tech University Comptroller's Office at the address or fax number above.

Section 1: Identification.

Name: _____

Permanent Address: _____
Street City State Zip Country

Phone: (_____) _____ Fax: (_____) _____

U.S. Social Security or U.S Tax Identification Number: _____
— OR —

U.S Employer Tax Identification Number: _____

For nonresident aliens who have applied for but not received a taxpayer identification number, indicate "TIN applied for" in the above blank and attach a copy of the application to this form.

Section 2: Certification (CHECK ONE)

Individuals:

_____ U.S. citizen or permanent resident

Check if a supplier of:

Health and medical services Legal services.

_____ Nonresident alien performing services in the U.S. Country of residence: _____

THE NONRESIDENT ALIEN DATA COLLECTION FORM AND EITHER IRS FORM W-8BEN OR IRS FORM 8233 MUST BE COMPLETED AND ATTACHED.

_____ Nonresident alien performing services outside of the U.S.

Corporations/Other Business Entities:

_____ Domestic U.S. corporation or other business entity. (specify type of other entity) _____

Check if a supplier of:

Health and medical services Legal services.

_____ Exempt organization under IRC Section 501 or IRC Section 115.

_____ Foreign corporation or business entity claiming an exemption from or reduction of tax withholding.

EITHER IRS FORM W-8BEN OR FORM W-8EIC MUST BE COMPLETED AND ATTACHED.

_____ Foreign corporation or business entity not exempt from tax withholding.

FORM W-8BEN MUST BE COMPLETED AND ATTACHED.

_____ Foreign corporation, business entity or exempt organization being compensated for goods manufactured and/or services performed outside of the U.S.

UNDER PENALTY OF PERJURY, I CERTIFY THAT (1) THE NUMBER WRITTEN ABOVE IS MY CORRECT U.S. SOCIAL SECURITY NUMBER, U.S. TAX IDENTIFICATION NUMBER, OR U.S. EMPLOYER IDENTIFICATION NUMBER, (2) I AM NOT SUBJECT TO BACKUP WITHHOLDING TAXES, AND (3) I WILL FILE A NEW FORM IF THERE IS A CHANGE IN MY TAX STATUS OR TAX IDENTIFICATION NUMBER.

Individual or Authorized Representative Signature

Date

Printed name of Signer