



Business Services

Montana State University Billings
1500 University Drive
Billings, Montana 59101-0245

Phone: (406) 657-2301
Fax: (406) 657-2051

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER - SUBSTITUTE W-9 FORM

[\(Use this form in place of IRS W-9 Form\)](#)

U.S. Resident - Individual / Sole Proprietor (Form 1099 reportable) (Complete ONE box only)

Legal Name (as entered with IRS): Trade Name (DBA):

Remit to Address (where the payment should be mailed)

PO Box or Number and Street
City, State, Zip+4

Phone Number: Email Address:

Entity Designation (check only one type)

Individual Sole Proprietorship C Corporation S Corporation Partnership LLC

(Check All That Apply)

Do you provide medical services? Exempt from Tax (under 501 A thru E)? Minority owned business?
 Are you providing legal services? Are you a Government Entity? Women owned business?

Tax Payer Identification Number (TIN) (Provide Only One)

Social Security Number: - - Employer Identification Number: -

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.
3. I am a US Person (including a US resident alien).

Signature: Printed Name:
Date: Title:
Phone: