



Florida State University
 Substitute IRS Form W-9
 For Non-Duty Stipends, Fellowships and Research Participants

For the protection of confidential information, please mail or fax the completed form to:
Marissa Love
Learning Systems Institute
4600C University Center
Tallahassee, FL 32306-2540
Fax: (850) 645-8653

For FSU Internal Use Only			
Vendor ID: _____		TIN Match? <input type="checkbox"/> Yes	
FSU Employee? <i>*If yes, get approval from Payroll Services.</i>		VFMT APPROVAL	
<input type="checkbox"/> Y <input type="checkbox"/> N			
Payroll Approval By _____	Date _____	Approved By _____	Date _____

General Instructions and Information

- This form is intended for Non-duty Stipends, Fellowships and Research Participants only. Other potential vendors should complete either the Vendor Authentication Form for Non P.O. Vendors, or the Vendor Questionnaire Form for P.O. Vendors
- If you are **not a US Citizen or permanent US Resident**, **DO NOT** complete this form. Contact FSU's Payroll Services department at (850) 644-3813.
- **Handwritten forms will not be accepted.**
- **Collection and Use of Social Security Numbers** – The request for your SSN or other Taxpayer Identification Number by FSU Finance and Administration is mandated by 26 U.S.C. 6041 and related IRS regulations. If you have questions about the collection and use of Social Security Numbers at FSU, please visit: <http://policies.vpfa.fsu.edu/bmanual/safeguard.html>.
- If the following form is not complete with accurate information, your payments may be subject to 28% federal income tax backup withholding.

Legal Name	_____
Home Address (No P.O. Box)	_____
City, State and Zip Code	_____
Social Security Number	_____

Vendor Information

Vendor Type	Contact Information
<input type="checkbox"/> Research Participant (Classification APMS)	Phone Number _____
<input type="checkbox"/> Other	Email Address _____

FSU Department Contact
 Marissa Love
 mlove@lsi.fsu.edu

Comments	_____
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Payment Method Information (Please choose one)

Check
 Direct Deposit

Certification

Under the penalties of perjury, I certify that:

1. The information supplied herein, including all attachments, is correct to the best of my knowledge, and
2. In doing business with Florida State University, I or my organization is in compliance with Chapter 112, Florida Statutes, conflict of interest, and I have disclosed the name of any FSU employee who owns, directly or indirectly, an interest of 10% or more in the above organization or any of its branches, and
3. My vendor status with Florida State University has no relation with any employment I may have at FSU or I certify I am not an employee of Florida State University, and
4. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
5. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
6. I am a U.S. Person, including a U.S. resident alien.

Signature of Authorized Person with Vendor _____	Date _____
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