A	Stetson Univer 421 N. Woodland Blvo DeLand, FL Accounts Payable Registration For	l. Unit # 8318 32723	<u>SONLY</u>
If	Complete this form and mail/fax to you have any questions with vendor		
Employee Studer	t Visiting Faculty/Speaker	Consultant	Other
Last Name	First Name	Phone #	Fax #
Mailing Address	City	State Zip Co	de Email Address
Country of citizenship			
Additional information a	pplicable to payment	– ALL INDIVIDUA	LS OR PAYEES
	ber (SSN) OR Taxpayer Identification		
If none, but applied for,	date applied		
Please check the	box that best describes your residenc	y status:	
🗌 Citizen - (indi	vidual) of the United States 🛛 🗍	Resident Alien - (indivi	dual) of the United States
□ Non-resident	alien - (individual)*		
	. You must contact Albert Aguirre, Cont		fic treaty exemption with your country of npus Unit 8318, to complete the
SIGNATURE – AND S	SUBSTITUTE IRS FORM W-9 C	CERTIFICATION	

Under penalties of perjury, I certify that the above information is correct and that:

1.	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
0	

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
	Internal Revenue Service (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.

<u>Certification Instructions</u>- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secure property, cancellation of debt, contribution to an individual retirement (IRA), and generally, payments other than interest and dividends, you are not requited to sign the certification, but you must provide your correct TIN.

Signature of Payee

Date