

**1. \*NAME (legal name associated to tax ID being used for tax reporting purposes)**

*Legal Business Name, Proprietor's Name or Individual's Name	Business Name/DBA/Disregarded Entity Name, if different from Legal Name
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**2. \*Please select the appropriate Tax Payer Identification Number (SSN, EIN or ITIN) type and enter your 9 digit ID number. The US Taxpayer Identification Number is being requested per US Tax Law. Failure to provide this informaton in a timely manner could prevent or delay payment to you or require the State of North Carolina to withhold 24% for backup withholding tax. Use tax Id associated with legal name or business name in section 1.**

Social Security Number (SSN)	—	—	
OR			
Employee Identification Number (EIN)	—		
OR			
Individual Taxpayer ID (ITIN)	—		

(AN Assigned when registered on ARIBA network)	(EVP provided when registered through EProcurement -DOA)
ARIBA Network Identification Number(ANID): <input style="width: 200px;" type="text"/>	DOA eVP Location #: <input style="width: 150px;" type="text"/>

**3. \*ORGANIZATION TYPE**

**Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single- member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.**

(choose one organization type)		(only choose one if applicable)
Individual (SSN)	Trust/Estate (SSN or EIN)	If your company is a Limited Liability Company How does your LLC Report to IRS?
Sole Proprietorship (SSN or EIN)	Non - Profit Agency (EIN)	Disregarded Entity
Partnership (EIN)	Governmental (EIN)	Partnership
Corporation (EIN)	(Local, State Federal)	C-Corporation
	Other _____	S-Corporation

**PRIMARY PHYSICAL AND REMITTANCE ADDRESS**

4. *PHYSICAL PRIMARY LEGAL ADDRESS	5. *REMITTANCE ADDRESS (address where payment should be sent)										
(Add all additional physical locations (ordering addresses) on page 2)	(Add additional remittance locations on page 2)										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Company Headquarters</td> <td style="width:70%; padding: 2px;">Individual Residence</td> </tr> <tr> <td style="padding: 2px;">Is this a US Post Office Deliverable Address?</td> <td style="padding: 2px;">YES      NO</td> </tr> <tr> <td style="padding: 2px;">Address Line 1:</td> <td style="padding: 2px;">Address Line 1:</td> </tr> <tr> <td style="padding: 2px;">Address Line 2:</td> <td style="padding: 2px;">Address Line 2:</td> </tr> <tr> <td style="padding: 2px;">City                      State                      Zip</td> <td style="padding: 2px;">City                      State                      Zip</td> </tr> </table>	Company Headquarters	Individual Residence	Is this a US Post Office Deliverable Address?	YES      NO	Address Line 1:	Address Line 1:	Address Line 2:	Address Line 2:	City                      State                      Zip	City                      State                      Zip	
Company Headquarters	Individual Residence										
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Address Line 2:	Address Line 2:										
City                      State                      Zip	City                      State                      Zip										

**CONTACT INFORMATION (ARIBA Contact Information)**

6. *Primary Contact:	7. *Fax Number:
8. *Phone Number:	9. *Email Address:

**10. \*UNDER PENALTIES OF PERJURY, I CERTIFY 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
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 backup withholding because 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
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
5. For complete certification instructions please see IRS FORM W-9 at <http://www.irs.gov/pub/irs-pdf/iw9.pdf>.

Printed Name:	Printed Title:
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Authorized Signature:	Date:
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(Signature must be hand written or docusigned, typed or fonted and scripted signatures are not acceptable)

**Agency Use Only: Must Be Completed by NCDOT Requestor**

Ariba Supplier:    YES      NO	DOT Requester Name:	Division/Unit:
	(name and division or unit of person requesting goods or services)	