

UNIVERSITY OF HAWAII

Telephone: (808)

Fax: (808)

Request for U.S. Taxpayer Identification Number (SSN, FEIN, ITIN)

The 1982 Tax Equity and Fiscal Responsibility Act and the 1983 Backup Withholding Regulations require us to report to the Internal Revenue Service (IRS) payments made to vendors, identified by a Taxpayer Identification Number (TIN). A TIN is either a Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or a Federal Employer Identification Number (FEIN).

The Internal Revenue Service requires us to withhold payments made to your organization until your TIN is received. Our records show we have not received a Social Security Number or a Federal Employer Identification Number from you. Failure to report your Taxpayer Identification Number may force us to withhold payment to you. The IRS also provides other penalties for failure to provide the TIN.

If you do not provide your Tax Identification Number in 10 days, payment will be withheld on purchase order/contract number _____ dated _____. Please reply by _____.

Please complete the information as applicable and return promptly to us. Your immediate attention to this matter is greatly appreciated.

FULL NAME OF INDIVIDUAL or BUSINESS (Please type or print clearly):			
Home address for tax purposes OR Business address for tax purposes	Street Address		
	City, State, Zip Code		
	Country		Contact Telephone ()
PAYEE'S U.S. TAXPAYER IDENTIFICATION NUMBER (SSN, ITIN, or FEIN). Enter your Taxpayer Identification Number in the appropriate box. For individuals and sole proprietorships, this is your Social Security number. For other entities, it is your Federal Employer Identification Number.			
SSN or ITIN: If the Payee listed above is an individual or sole proprietorship, fill in the Payee's SSN. - -		FEIN: If the Payee listed above is a business, company, fill in the Payee's FEIN. -	
[Check only one box to complete the following statement:]			
The Payee listed above is a(n) <input type="checkbox"/> Individual (I) <input type="checkbox"/> Sole proprietorship (S) <input type="checkbox"/> Corporation (C)			
<input type="checkbox"/> Partnership (P) <input type="checkbox"/> Government agency (G) <input type="checkbox"/> Tax exempt (E)			
which <u>primarily</u> <input type="checkbox"/> provides service <input type="checkbox"/> provides services and sells goods			
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 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, and			
3. I am a U.S. person (including a U.S. resident alien).			
_____ Name (Typed) / Signature		_____ Title of Authorized Representative of Business (if any)	_____ Date