Beloit College

BUSINESS INFORMATION

_____	_____
Name/Business Name (as shown on your tax return)	Contact Name
_____	_____
Address (number, street, and apt. or suite no.)	Phone Number
_____	_____
City, State and Zip Code	Email Address

SUBSTITUTE W-9 INFORMATION FOR ABOVE NAME/ENTITY

Check appropriate box for federal tax classification:

☐ Individual/Sole Proprietor   ☐ C Corporation   ☐ S Corporation   ☐ Partnership   ☐ Trust/Estate

☐ Limited Liability Company, enter the tax classification (C=Corporation, S= S Corporation, P=Partnership) [____]   ☐ Exempt Payee

Enter your Taxpayer Identification Number (TIN) in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). Beloit College must file a 1099 informational return to the IRS and you are required to provide a correct TIN or payments may be subject to 31% withholding. Please see the IRS Form W-9 instructions for any assistance.

[___]-[__]-[____]
Social Security Number

[__]-[_____]
Employer Identification Number

PAYMENT TYPE

☐ Receive paper checks (Please complete the Authorization Section for the Substitute W-9 portion)

☐ Receive electronic payments (Please complete the Bank Information and Authorization Section)

_____	_____	_____
Accounts Receivable Contact	Email Address for Remittance Advice	Accounts Receivable Phone Number

BANK INFORMATION

_____	[_____]
Financial Institution Name	Routing Number
_____	_____
Financial Institution City, State and Zip	Account Number
_____	☐ Checking ☐ Savings
Financial Institution Phone Number	

AUTHORIZATION/CERTIFICATION SIGNATURE

By signing below I certify that the tax classification and TIN information is correct. I also verify my payment type as noted above.

By choosing electronic check option, I further acknowledge the following:

I hereby authorize Beloit College to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account identified above.

_____	_____
Authorized Signature	Printed Name
_____	_____
Title	Date