

Substitute

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION

Return this form to the

Form W-9		requestor within 30 days	
Each person or organization doing	business with Adelphi U	Jniversity must prov	vide the following information:
ORGANIZATION ENTITY:			
Check Only One:	Social Security	y No.	Employer Identification No.
Individual			
Sole Proprietor		and	
Partnership			
Corporation (Specify if L	LP or LLC)		
Trust or Estate			
ENTER THE FOLLOWING:			
Legal Name:			
	(must match the Social	Security Number, 1	f applicable)
Trade Name:			
Mailing Address:	(must match the Emplo	oyer Identification N	Number, if applicable)
Contact Person:	Telephone No		
Please Answer the Following Qu	estions:		
Is your organization (as	sociation, club, religiou	s, charitable, educ	ational, or other group)
tax exempt under IRS Code Section 501(a)?		Yes	No
Are You a Real Estate Agent?		Yes	No
Certification: Under penalties of	of perjury, I certify that	:	
be issued to me), and (2) The orga (3) I am not subject to backup with withholding as a result of a failure that I am no longer subject to back You must cross out item (3) above because of underreporting interest "The Internal Revenue Service	nization entity and all oth holding either because I h to report all interest or di up withholding, and (4) I a if you have been notified t or dividends on your tax se does not require yo	er information provionave not been notifien indends, or the Internation at U.S. Person. By IRS that you are continued in the indended in the	d that I am subject to backup nal Revenue Service has notified me currently subject to backup withholding ny provision of this document
other than the certifications	required to avoid bac	kup withnoiding	
Signature		Date	