**INSTRUCTIONS FOR FILLING OUT UD ON-LINE REQUEST FOR TAXPAYER IDENTIFICATION FOR SUMMER SCHOLARS**

Go to**:** [**https://udapps.nss.udel.edu/w9\_vendorReg/**](https://udapps.nss.udel.edu/w9_vendorReg/) **to access the form on-line**

**\*THIS FORM MUST BE COMPLETED ON-LINE BY MAY 4, 2016 AND THE SIGNED COMPLETION RECORD MUST BE RETURNED TO THE OFFICE OF UNDERGRADUATE RESEACH BY THAT DATE**

**Tax status**   CHOOSE INDIVIDUAL US PERSON

**Taxpayer Identification Number (TIN):**

Provide numbers only. Do not include dashes or spaces.

If you are an Individual or Sole Proprietor, ENTER YOUR SOCIAL SECURITY NUMBER (SSN).



**Retype your Taxpayer Identification Number (TIN):**

Provide numbers only. Do not include dashes or spaces.



**Legal name:**

(Name as it appears on IRS or SSN Records ENTER YOU FULL LEGAL NAME



**Trade name:**

If Doing Business As (D.B.A.) or business name of Sole Proprietorship LEAVE THIS BLANK



Exemption information

**Exemption from 1099 reporting:** CHOOSE NOT EXEMPT



If you marked EXEMPT, please indicate the reason: DO NOT CHECK ANY OF THESE CIRCLES

https://udapps.nss.udel.edu/themes/images/blank.gif

*  Corporation
*  Tax Exempt Entity under 501(a), 501(c)(3) or IRA
*  The United States or any of its agencies or instrumentalities
*  A foreign government or any of its political subdivisions
*  A state, the District of Columbia, a possession of the US, or any of their political subdivisions
*  A Resident Alien claiming tax treaty benefits (Note: a statement satisfying IRS requirements must be attached)

**If a Resident Alien claiming tax treaty benefits, attach statement satisfying IRS requirements:** THIS WILL NOT APPLY TO MOST OF YOU, IF IT DOES AND YOU HAVE QUESTIONS PLEASE CONTACT OUR OFFICE

https://udapps.nss.udel.edu/themes/images/blank.gif

**Primary address:** THIS SHOULD BE YOUR HOME OR PERMANENT ADDRESS

Address where correspondence, payments, purchase orders, or 1099s should be sent.

Street 

City 

State   STATE OF PRIMARY ADDRESS

Zip or postal code

Phone (use format nnn-nnn-nnnn)

Number where you can be reached with questions

Fax (use format nnn-nnn-nnnn)

You can leave this blank

UD email address only

Email

https://udapps.nss.udel.edu/themes/images/blank.gif

**Remittance address:** LEAVE THIS SECTION BLANK –YOUR PAYMENT WILL BE DIRECTLY DEPOSITED INTO YOUR BANK ACCOUNT

Address where payments, **if different from primary address**, should be sent

Street 

City 

State   

Zip or postal code

Phone (use format nnn-nnn-nnnn)

Fax (use format nnn-nnn-nnnn)

Email

**Please indicate if your company is**

**categorized as any of the following:** DO NOT CHECK ANY OF THESE BOXES

*  Legal Service
*  Medical/Healthcare
*  Minority-Owned Business
*  HUB Zone Business
*  Woman-Owned Business
*  Small Business
*  Veteran-Owned Business
*  Government Agency

**Please indicate which payment** YOU MUST CHOOSE DIRECT DEPOSIT

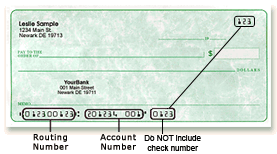
**methods you accept:**



https://udapps.nss.udel.edu/themes/images/blank.gif

**If you chose ACH or BOTH, please provide direct deposit account information:** YOU MUST COMPLETE THIS SECTION IN FULL

Please have a check in front of you, so that you can locate the information required below.



Bank name

Type of account    

Routing number

Bank account number

Retype bank account number

Email (for payment notifications)

**Are you currently a student at the** CHOOSE YES

**University of Delaware?**



**Are you currently an employee of**

**the University of Delaware** CHOOSE WHICHEVER APPLIES TO YOU



**Are any of your company’s principals** CHOOSE NO

**or their immediate family members**

**employed by the University?** 

**Has your firm ever been involved**

**in Federal debarment proceedings?**  CHOOSE NO

**Certification:** I certify under penalties of perjury that (1) the Tax Identification Number I have provided is correct, (2) if I have marked "Exempt" the above entity is backup withholding exempt, and (3) I am a US Person (including Resident Alien)

**Signature:** Type your legal name. BE SURE TO TYPE YOU NAME AND DATE BEFORE SUBMITTNG



**Date:**



**\*Upon submission you will be assigned a four digit confirmation number. Please write it down and use it to fill in the space in your *Request for Taxpayer Identification Completion Record* that you will turn in to the Office of Undergraduate Research along with your *Letter of Intent*.**

**SUBMIT FORM**