



Florida State University  
 Substitute IRS Form W-9  
 For Non-Duty Stipends, Fellowships and Research Participants

Payables and Disbursement Services  
 282 Champions Way  
 Tallahassee, FL 32306-2391  
 Ph: (850) 644-5021 Fax: (850) 644-8137  
[accountspayable@admin.fsu.edu](mailto:accountspayable@admin.fsu.edu)

For the protection of confidential information, please mail or fax the completed form to:  
**Payables and Disbursement Services**  
 282 Champions Way A5607  
 Tallahassee, FL 32306-2391  
 Fax: (850) 644-8137

For FSU Internal Use Only			
Vendor ID: _____		TIN Match? <input type="checkbox"/> Yes	
FSU Employee? <i>*If yes, get approval from Payroll Services.</i>		VFMT APPROVAL	
<input type="checkbox"/> Y <input type="checkbox"/> N		_____	
Payroll Approval By _____	Date _____	Approved By _____	Date _____

**General Instructions and Information**

- This form is intended for Non-duty Stipends, Fellowships and Research Participants only. Other potential vendors should complete either the [Vendor Authentication Form](#) for Non P.O. Vendors, or the [Vendor Questionnaire Form](#) for P.O. Vendors
- If you are **not a US Citizen or permanent US Resident**, **DO NOT** complete this form. Contact FSU's Payroll Services department at (850) 644 3813.
- **Handwritten forms will not be accepted.**
- **Collection and Use of Social Security Numbers** – The request for your SSN or other Taxpayer Identification Number by FSU Finance and Administration is mandated by 26 U.S.C. 6041 and related IRS regulations. If you have questions about the collection and use of Social Security Numbers at FSU, please visit: <http://policies.vpfa.fsu.edu/bmanual/safeguard.html>.
- If the following form is not complete with accurate information, your payments may be subject to 28% federal income tax backup withholding.

<b>Legal Name</b>	_____
<b>Street Address</b>	_____
<b>City, State and Zip Code</b>	_____
<b>Social Security Number</b>	_____

**Vendor Information**

Vendor Type		Contact Information
<input type="checkbox"/> Non-duty stipend recipient (Classification APST)	<input type="checkbox"/> Student	Phone Number _____
<input type="checkbox"/> Fellowship Grant	<input type="checkbox"/> Employee	Email Address _____
<input type="checkbox"/> Research Participant (Classification APMS)	<input type="checkbox"/> Other	Dept. Contact _____
		Dept. Email _____

Comments \_\_\_\_\_

**Payment Method Information (Please choose one)**

Check       [Direct Deposit](#)       Other: \_\_\_\_\_

**Certification**

Under the penalties of perjury, I certify that:

1. The information supplied herein, including all attachments, is correct to the best of my knowledge, and
2. In doing business with Florida State University, I or my organization is in compliance with Chapter 112, Florida Statutes, conflict of interest, and I have disclosed the name of any FSU employee who owns, directly or indirectly, an interest of 10% or more in the above organization or any of its branches, and
3. My vendor status with Florida State University has no relation with any employment I may have at FSU or I certify I am not an employee of Florida State University, and
4. 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
5. 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
6. I am a U.S. Person, including a U.S. resident alien.

**Signature of Authorized Person with Vendor** \_\_\_\_\_ **Date** \_\_\_\_\_

For the protection of confidential information, please mail or fax the completed form to Payable and Disbursement Services.