

## **Taxpayer Identification Request**

In order for North Dakota State University to comply with Internal Revenue Service regulations, we are asking that you please complete the enclosed W-9 Form. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the University Controllers Office in order that the University maintain its vendor file with current information and be in compliance with IRS regulations.

Please return by mail, scan and e-mail, or fax the W-9 Form within ten (10) days of receipt, even if you are exempt from backup withholding. Please make sure that the form is complete and correct. Failure to respond in a timely manner may subject you to the current maximum federal withholding rate on each payment, or require the University to withhold payment of outstanding invoices until this information is received.

**Thank you for your cooperation. Please return the completed form to:**

**Mail:**  
**North Dakota State University**  
**Attn:**  
**PO Box 6050, Dept #**  
**Fargo, ND 58108-6050**

**Fax:**

**Scan in and e-mail:**

If you have any questions, please contact the Accounting Office at 701.231.7432 or .

Enclosure