



EMORY UNIVERSITY

PROCUREMENT & PAYMENT SERVICES

Study Participant Information Form

This form is used to establish or update a record within the Emory University Procurement & Payment Services' system and meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications for Federal procurement reporting and claims for exemption, and internal requirements. This form is to be completed in the place of the Federal W-9 form. International individuals/entities should complete the appropriate W-8 form.

Emory University Contact Information

(This must be completed by an Emory University employee before sending the form to the supplier.)

Employee Name: Emory Email:
 School/Department: Campus Phone:

Individual Name and Information

Legal Name:
 Contact Name: Phone: Email:
 Social Security Number:

Entity Type
 [Please skip
 this section.]

Individual/sole proprietor or single member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Foreign
 Limited liability company (LLC)
 If LLC, select tax classification:
 C Corporation
 S Corporation
 Partnership
 Note: For a single-member LLC that is disregarded, do not check LLC. Instead, check the appropriate box above for the tax classification of the single-member owner.
 Other (explain):
 Exemption Code:
 Exemption from FATCA reporting, if any:

Legal Mailing Address	Line 1:	<input type="text"/>
	Line 2:	<input type="text"/>
	City/State/Zip:	<input type="text"/>

Certifications

Under penalties of perjury, I certify by signing below that

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am not currently debarred, suspended, or proposed for debarment by any federal entity and I agree to notify Emory University Payment Services of any change in status.

Signature: _____

Date: _____