NC Education Lottery

Return to: Accounts Payable

Address: 2728 Capital Blvd, Suite 144 Raleigh, NC 27604-2255



VENDOR FORM

Telephone: <u>919-301-3440</u>

Fax: <u>919-715-0342</u>

☐ New Request ☐ Change Existing Information

Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN (Tax Identification Number) to persons who must file information returns with the IRS to report interest and certain other income paid to you. The IRS uses the numbers for identification purposes and to help verify the accuracy of your return. You must provide your TIN whether or not you are required to file a tax return.

(1)	Federal ID # / Social Security # (must provide	e W-9):
(2)	Name of Firm or Individual :	
(3)	If Sole Proprietorship, Owner(s) name:	
	Address for Ordering Goods and/or Services Street Address	
	City, State, Zip Code (incl. last 4 digits)	
	County Name: Contact Name:	
	Area Code/Phone Number: Toll Free Phone Number (If Applicable):	
	Fax Number:	
	E-MAIL ADDRESS:	
	REMIT ADDRESS(if different from above): Street Address or P.O. Box Number:	
	City, State, Zip Code (incl. last 4 digits):	
	County Name:	
` '	Contact Name	
	Area Code/Phone Number Toll Free Phone Number (If Applicable)	
	Fax Number	
	E-MAIL ADDRESS	
(usiness Characteristics i individuals and businesses in both Part I and Part II)
(10)	Part I: Check ALL that apply.	
	() Minority or Minority Owned	() Handicapped or Handicapped
	() Woman or Woman Owned	() Owned None Apply
(11)	Part II: Type of Business Structure	
	() Individual;() Sole Proprietorship() Partnership	() School/College/University: () Private; () Public() Government: () Federal; () State; () Local
	() Corporation: (check ALL that apply)() Not-for-Profit Corporation;() Medical/Health Corporation	() Sub-Chapter S Corporation() Other
(12)	Does your business provide: () Goods Onl	y () Services Only () Both Goods and Services
(13)	Does your business provide medical services?	? () Yes () No
(14)	Form Completed By: (Print Name)	
	SIGNATURE	TITLE DATE