

**GUILFORD TECHNICAL COMMUNITY COLLEGE
SUBSTITUTE W-9 / VENDOR INFORMATION FORM**

Federal I.D. Number (9 Digits) ___-___-____ OR Social Security Number ____-____-____
(May be Social Security Number if Sole Proprietor)

Name (as reported on your tax return) _____
Business name (if different) _____
Mailing Address _____

Business Type (PLEASE CHECK ONE): _____ Sole Proprietor _____ Corporation
_____ Partnership Other _____

ONLY COMPLETE THIS SECTION IF ADDRESS ABOVE IS NOT IN NORTH CAROLINA:

Principal Business Activity: _____ Athletics _____ Entertainment/Performance
_____ Film, TV or Radio _____ Public Speaking/Teaching
_____ Other (describe) _____

If you have registered with the NC Secretary of State to conduct business in the state of North Carolina, please provide