

NC Office of the State Controller  
 (IRS Form W-9 will not be accepted in lieu of this form)  
 \*Denotes a Required Field

STATE OF NORTH CAROLINA  
 SUBSTITUTE W-9 FORM  
 Request for Taxpayer Identification Number



Section 1 - Taxpayer Identification

*1. <input type="checkbox"/> Social Security Number (SSN), OR <input checked="" type="checkbox"/> Employer Identification Number (EIN), OR <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)		Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.
*2. 5 6 6 0 7 3 2 9 6 (PRESS THE TAB KEY TO ENTER EACH NUMBER)		
*4. Legal Name (as registered with the IRS - see instructions): <b>SkillsUSA North Carolina</b>		3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions):  (PRESS THE TAB KEY TO ENTER EACH NUMBER)
5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:		
<b>Contact Information</b>		
*6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)		7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)
*Address Line 1: PO Box 88		Address Line 1:
Address Line 2:		Address Line 2:
*City Oxford	*State NC	*Zip (9 digit) 27565
*County Granville		City State Zip (9 digit)
*8. Contact Name: Paul Heidepriem		County
*9. Phone Number: 919-675-1241		
10. Fax Number: na		
*11. Email Address: Paul@SkillsUSAnc.org		

Section 2 - Certification

*12. Entity Type <input type="checkbox"/> Individual/Sole Proprietor/Single-member LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input checked="" type="checkbox"/> Other Non-Profit <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____		*13. Entity Classification <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal/Attorney Services <input type="checkbox"/> NC Local Govt <input type="checkbox"/> Federal Govt <input type="checkbox"/> NC State Agency <input type="checkbox"/> Other Govt <input checked="" type="checkbox"/> Other (specify) <b>Education</b>	14. Exemptions (see instructions)  Exempt payee code (if any): <b>501c3</b>  Exemption from FATCA reporting code (if any):
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
Under penalties of perjury, I certify 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), and 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 because 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, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website ( <a href="https://www.irs.gov/">https://www.irs.gov/</a> ):			
*Printed Name: Paul Heidepriem		*Printed Title: Executive Director	
*Authorized U.S. Signature: <i>Paul Heidepriem</i>		* Date: 07.22.2024	

Please complete the Modification to Existing Supplier Records form if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address.  
 If you would like to receive your payments electronically, please complete the Supplier Electronic Payment form.  
 Return all completed forms to the State Agency from which you are requesting payment.