



Illinois Mathematics and Science Academy

igniting and nurturing **creative,**
ethical, scientific minds that
advance the human condition

FORM W-9 REQUEST
And
Statement of Purpose
Collection and Use of Social Security Numbers

The Identity Protection Act 5 ILCS 179 et seq. requires each local and State government agency to draft, approve and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). The Illinois Mathematics and Science Academy (IMSA) is a State agency and this statement of purpose is being provided to you because you have been asked by IMSA to complete and provide a form W-9 which may contain a SSN. SSNs are confidential and will be securely maintained. SSNs will not be disclosed for any other reasons unless required by law or a court order.

To be setup as an IMSA vendor, please complete the following form W-9 and return by either mail or fax to:

Illinois Mathematics and Science Academy Secure fax #630-907-5030
Attn: Business Office
1500 Sullivan Road
Aurora, IL 60506

**** Please include this cover sheet with your W-9 submission**

To be completed by IMSA Staff:

Department: _____

Contact Name: _____

Extension: _____

Request for Taxpayer Identification Number and Certification
(SUBSTITUTE FORM)

Give Form to the requester. Do not send to the IRS.

Full Legal Individual Name (if individual or sole proprietor) or Legal Company Name (as shown on your income tax return)

Doing Business As (DBA) Name (if sole proprietorship or division of a corporation)

Check appropriate box for federal tax classification; check only one of the following seven boxes:

- Individual/sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company (LLC). Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
- Other (see instructions) ▶ _____

Exemptions (codes apply only to certain entities, not individuals-see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)

City, State, and ZIP code

List account number(s) here (optional)

Requester's name and address

RETURN COMPLETED FORM TO:
Illinois Mathematics and Science Academy
ATTN: Business Office
1500 Sullivan Road, Aurora, IL 60506
or fax to 630-907-5030

Print or type. See Specific Instructions at www.irs.gov/form990

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3 at www.irs.gov/form990. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3 at www.irs.gov/form990.

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|-------------------------------|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |

Note. If the account is in more than one name, see the chart on page 4 at www.irs.gov/form990 for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3 at www.irs.gov/form990.

| | | |
|------------------|----------------------------------|--------------|
| Sign Here | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|------------------|----------------------------------|--------------|

FOR COMPLETE W-9 INSTRUCTIONS VISIT THE IRS WEB PAGE AT www.irs.gov/form990

Part III Preferred Vendor Classifications-BEP, State Use Program, SBSP, VOSB/SDVOSB, State Master Contract#, IPG Vendor#

In order to promote the development and use of minority or minority-owned businesses or services, IMSA, as an Illinois State Agency, is required to participate in the State of Illinois' Business Enterprise Program (BEP) for minorities, females, and persons with disabilities. The completion of this section will play an important role in our Agency's goal to obtain goods and services from qualifying individuals or businesses.

| | | |
|----------------------|--------------------|---------------------|
| Vendor Phone # _____ | Vendor Fax # _____ | Vendor e-mail _____ |
|----------------------|--------------------|---------------------|

PLEASE SELECT THE APPROPRIATE BOXES:

If an individual: Female Male

If a company: Female Owned (must own 51% or more) Not Applicable

African American Alaskan American Asian American Caucasian Hispanic Native American Decline To Answer

If disabled, please check: Person with Disability

Other Preferred Vendor Classifications: Small Business Set Aside Program Veteran Owned Small Business (VOSB) and or Service Disabled VOSB

| | |
|-------------------------------|---------------------------------------|
| State Master Contract # _____ | IL Procurement Gateway System # _____ |
|-------------------------------|---------------------------------------|