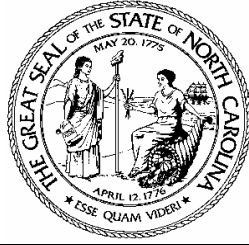


Office of the State Controller**Return to:**

Office of the State Controller
 NCAS Vendor Payment Verification
 1410 Mail Service Center
 Raleigh, NC 27699-1410

**Payment Verification Form**

Telephone: (919)875-HELP
 (4357)

FAX: (919)981-5561

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. Payers must generally withhold 28% of taxable interest and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

Federal ID No./Social Security No. for Individuals (9 digits): (1)

Name of Firm or Individual: (2)

If Sole Proprietorship, owners name: (3)

Address for Ordering Goods and/or Services: (4)

Address (4)

Address (4)

City, State, Zip Code (4)

County Name: (5)

Fax Number (6)

Toll Free Phone Number (6)

Area Code/Phone Number (6)

E-Mail Address (6)

Contact Name (6)

Remittance Address (if different from above) (7)

Address (7)

Address (7)

City, State, Zip Code (7)

County Name: (8)

Fax Number (9)

Toll Free Phone Number (9)

Area Code/Phone Number (9)

Email Address (9)

Contact Name (9)

Individual and Business Characteristics: (Please complete both Part I and Part II if applicable)

Part I: Check ALL that apply. (10)

(Applicable to both individuals and businesses)

- Minority or Minority Owned
- Woman or Woman Owned
- Handicapped or Handicapped Owned
- None of the Above

Part II: Type of Business Structure (11)

(Check ALL that apply)

- Individual
- Sole Proprietorship
- Government: Federal or State or Local
- School/College/University: Public or Private
- Partnership
- Corporation: (check ALL that apply)
 - Not-for-Profit Corporation
 - Sub-Chapter S Corporation
 - Medical/Health Corporation

Does your business provide: Goods Only Services Only Both Goods and Services (12)

Does your business provide medical services? Yes No (13)

Form Completed By: (14)

Signature: _____ **Title:** _____ **Date:** _____