

This template can be used to help identify properly completed COVA W-9's from the vendor's you do business with. All areas with red boxes around them are required fields, and if they are missing please reach back out to your vendor for a properly completed COVA W-9. W-9's that come to Accounts Payable incomplete or with missing information will result in delayed payments. ****NOTE:** This is just a template meant for guidance. The blank COVA W-9 that can be distributed to vendors is located on the Forms Index within the Financial Procedures Manual.

One Box must be checked and the SSN or EIN filled in on the dotted line.

If you receive federal grant funds, add your UEI number here.

ENTITY TYPE is required. If you are a LLC, you must select LLC + Partnership or LLC + Corporation (includes S-Corporation & C-Corporation), or Disregarded Entity which is a single member LLC.

LEGAL ADDRESS is required.


REMITTANCE ADDRESS should be added if the payment address is different than the legal address.

PRINTED NAME is required.

SIGNATURE is required. Can be ADOBE Sign, DOCU Sign or Actual Signature.

Form W-9
Commonwealth of Virginia
Substitute Form
Revised March 2022

Request for Taxpayer Identification Number and Certification



Social Security Number (SSN)
 Employer Identification Number (EIN)

Unique Entity Identifier (UEI) (see instructions)

Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> VA Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Medical Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Joint Venture <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> OTH Government <input type="checkbox"/> Other

Legal Name:
Business Name:

Exempt payee code (if any):
(from backup withholding)
Exemption from FATCA reporting code (if any):

Legal Address:
City: State: Zip Code:

Remittance Address:
City: State: Zip Code:

Contact Information:
Name:
Email Address:
Business Phone:
Fax Number:
Mobile Phone:
Alternate Phone:

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 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
 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.

Section 2 Certification
 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 instructions titled Certification

Printed Name:
Authorized U.S. Signature:
Date:

LEGAL NAME is required. You can also add a BUSINESS NAME if you have one.

Add the EXEMPTION CODES if they apply.

Add CONTACT INFORMATION

Current DATE is required.