



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER  
SUBSTITUTE FORM W-9:  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

**TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.**

**Part I: Vendor Information**

1. Legal Business Name:

Academy for Academic Personnel Association

2. If you use a DBA, please list below:

3. Entity Type (Check one only):

Sole Proprietor  
  Partnership  
  Limited Liability Co.  
  Business Corporation  
 Unincorporated Association/Business  
 Federal Government  
 State Government  
 Public Authority  
 Local Government  
 School District  
 Fire District  
 Other \_\_\_\_\_

**Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type**

1. Enter your TIN here: (DO NOT USE DASHES)

3	0	0	4	9	9	5	5	2
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2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN)  
 Social Security No. (SSN)  
 Individual Taxpayer ID No. (ITIN)  
 N/A (Non-United States Business Entity)

**Part III: Address**

1. Physical Address:

Number, Street, and Apartment or Suite Number

2072 Administrative Svcs. Bldg., 1009 Greene st.

City, State, and Nine Digit Zip Code or Country

Ann Arbor, MI 48109-1432

2. Remittance Address:

Number, Street, and Apartment or Suite Number

2072 Administrative  
Svs. Bldg., 1009  
Greene st.

City, State, and Nine Digit Zip Code or Country

Ann Arbor, MI  
48109-1432

**Part IV: Exemption from Backup Withholding and Certification**

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

Exempt from Backup Withholding

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

*Alexandra S. Matish*

Signature

Alexandra S. Matish

Print Preparer's Name

8/22/2014

Date

7346465955

Phone Number

amatish@umich.edu

Email Address

**Part V: Contact Information – Individual Authorized to Represent the Vendor**

Vendor Contact Person: Alexandra S. Matish

Title: Secretary - Treasurer

Contact's Email Address: amatish@umich.edu

Phone Number: (734) 615-8412

**DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO NYS OFFICE OF THE STATE COMPTROLLER**

**FOR OSC USE ONLY**