

VIRGINIA COMMONWEALTH UNIVERSITY

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FOR RESEARCH AND/OR PATIENT STUDY PARTICIPANTS

This form must be completed legibly. Please print and use black or blue ink.

DATE: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____

AMOUNT RECEIVED: _____

CERTIFICATION: Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.

Signature

NOTE: If payments reach \$600.00 during the calendar year, the amount will be reported to you and to the IRS on a "1099 Miscellaneous Income Form".

This form is being used in lieu of a W-9 mailer (Request for Taxpayer Identification Number and Certification form).