

**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).

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*For Use by VCU Departments Only*

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