

**WINSTON-SALEM STATE UNIVERSITY
CONTRACTOR TAX INFORMATION FORM**

I certify under penalty of perjury that the information below is true and correct.

Legal Name of Contractor: _____

Address of Contractor: _____

*SSN/TIN: _____

Signature of Contractor/Vendor: _____

Date: _____

*Provision of a SSN or TIN number is mandatory for State and federal tax reporting purposes and to secure payment for services.