

NC Substitute W-9 forms are required for exhibitors who earn total premiums of \$2,000 or more in one calendar year from the State of North Carolina. You won't get paid if the form is incomplete. If you make a mistake, start over on a new form.

GUIDE TO FILLING OUT A NC SUBSTITUTE W-9 FORM

*** All sections marked with a red asterisk are required ***

CONTESTANTS FILLING OUT THE FORM FOR THEMSELVES:

- *1. Check the TOP BOX for Social Security Number (SSN)
- *2. Write your social security number in the blank space
- *4. Write your full legal name the same way it appears on your social security card
- *Address line 1: Write your street number and street name
- *City Write your city *State Write in your state *Zip Code Write in your zip code
- *County Write your COUNTY like "Wake", NOT your country - like USA.
- *8. Contact Name Write your name or your parents name
- *9. Phone Number Write your phone number
- *11. Email Address Write an email address where you can be reached
- *12. Entity Type Check the first box for "Individual"
- *13. Entity Classification Check "Other" at the bottom of the list write "Contest Winner" in the blank space below it.
- *Printed Name Print your name
- *Printed Title Write "Individual"
- *Authorized US Signature Sign your name
- *Date Write the date you fill out the form

PARENTS FILLING OUT THE FORM FOR A MINOR CHILD:

Fill out the form with your child's information, including social security number.

You can sign the form at the bottom if your child is too young to sign it themselves.

GROUPS, BUSINESSES, OR FARMS FILLING OUT THE FORM:

Fill out the form with your business information, including your tax ID number.

Fill out the form with the exact information as it appears on your tax documents.

Fillable form must be saved to your computer, completed with your information, and returned to the N.C. State Fair. You can also print this form, fill it out and mail it in.

NC Office of the State Controller (IRS Form W-9 will not be accepted in lieu of this form) *Denotes a Required Field	STATE OF NORTH CAROLINA SUBSTITUTE W-9 FORM Request for Taxpayer Identification Number					
Section 1 – Taxpayer Identification	*1. ☐ Social Security Number (SSN), OR ☐ Employer Identification Number (EIN), OR ☐ Individual Taxpayer Identification Number (ITIN) *2.		Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.			
	*4. Legal Name (as registered with the IRS - see instructions):		3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions):			
	5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:					
	Contact Information					
	*6. Legal Address		7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)			
	*Address Line 1:		Address Line 1:			
	Address Line 2:		Address Line 2:			
	*City	*State	*Zip (9 digit)	City	State	Zip (9 digit)
	*County		County			
	*8. Contact Name:					
*9. Phone Number:						
10. Fax Number:						
*11. Email Address:						
*12. Entity Type			*13. Entity Classification	14. Exemptions (see instructions)		
☐ Individual/Sole Proprietor/Single-member LLC ☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Trust/Estate ☐ Other _____ ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____			☐ Medical Services ☐ Legal/Attorney Services ☐ NC Local Govt ☐ Federal Govt ☐ NC State Agency ☐ Other Govt ☐ Other (specify) Contest Winner	Exempt payee code (if any): Exemption from FATCA reporting code (if any):		
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.						
Section 2 – Certification	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 because 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.					
Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (https://www.irs.gov/):						
*Printed Name:		*Printed Title:				
*Authorized U.S. Signature:		* Date:				