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MAIL COMPLETED AND SIGNED FORM TO:

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STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA, PRIVATE AND OUT OF STATE POSTSECONDARY
EDUCATION, 101 N. 14TH STREET, JAMES MONROE BLDG, RICHMOND, VA, 23219

INDIVIDUAL STATUS: (NAME AND SOCIAL SECURITY NUMBER MUST MATCH SOCIAL SECURITY RECORDS)

NAME _____
(FIRST NAME) (M.I.) (LAST NAME)

ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NO. _____ PHONE NO. _____

BUSINESS STATUS: (BUSINESS LEGAL NAME AND FEDERAL IDENTIFICATION NUMBER MUST MATCH FEDERAL TAX RECORDS)

TAX STATUS (CHECK ONE)

SOLE PROPRIETOR

PARTNERSHIP

GOVERNMENT AGENCY

ATTORNEY/LEGAL FIRM

CORPORATION

OTHER _____

OWNERSHIP (CHECK ALL THAT APPLY)

MINORITY OWNED BUSINESS

SMALL BUSINESS

WOMAN OWNED BUSINESS

BUSINESS LEGAL NAME _____
TRADE NAME _____
MAILING ADDRESS _____

REMIT TO ADDRESS _____

FEDERAL IDENTIFICATION NUMBER _____
PHONE NO. _____ FAX NO. _____

CERTIFICATION: UNDER PENALTIES OF PURJURY, I CERTIFY THAT:

1. THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER, AND
2. I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE: (A) I AM EXEMPT FROM WITHHOLDING, OR
(B) I HAVE NOT BEEN NOTIFIED BY THE IRS THAT I AM SUBJECT TO BACKUP WITHHOLDING AS A
RESULT 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.
3. I AM A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

"THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS
DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING."

SIGNATURE _____ DATE _____