



Wellesley College

106 Central Street
Wellesley, MA 02481-8294

NAME _____ (Must Match Your Invoice)

ADDRESS _____

PHONE _____

ACCOUNTS PAYABLE'S QUESTIONNAIRE

This questionnaire must be completed and returned to Accounts Payable before a check will be issued. Only one form is required for each payee unless there is a change in status.

Please check those which apply to you:

- Corporation (non medical)
- Medical Corporation
- Attorneys
- Partnership
- Sole Proprietorship / Independent Contractor / Honoraria
- Government Entity
- Tax Exempt Organization under IRS (501) rules

Please check the type of transactions for which payments are made to you.

- Materials only
- Materials and services
- Services only

I certify that I am not subject to any backup withholding and that the following is my correct taxpayer identification number.

TIN OR S.S. # _____ (Must Match the Above Name)

Signature of U.S. person _____ Date _____

For Resident Aliens Only

I certify with my signature that I am a resident of the United States

Signature _____ Date _____