

**RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.
CONSULTING SERVICES PAY ORDER**

M547-4/98

FOR BUSINESS OFFICE ONLY

P.O. NO:

P.O. DATE:

CONSULTANT NAME & ADDRESS	ACCOUNT NUMBER	IS CONSULTANT A CORPORATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE <input type="checkbox"/> SOC. SECURITY # or <input type="checkbox"/> FED. EMPLOYEE #
	CATEGORY	IS CONSULTANT A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE CITIZEN OF: VISA TYPE:

FEE \$	PER <input type="checkbox"/> DAY <input type="checkbox"/> HOUR <input type="checkbox"/> OTHER	DESCRIBE OTHER
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CONSULTATION DATES	NO. OF HOURS, DAYS OR OTHER	AMOUNT \$	IS CONSULTANT A RFMH, NYS DMH, OR U.S. GOVERNMENT EMPLOYEE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, COMPLETE
			EMPLOYER
			TITLE
TOTALS →			GRADE
			IF PART TIME %

WAS WORK PERFORMED IN U.S. YES NO IF NO, WHERE?

DESCRIBE CONSULTATION IN DETAIL

BUSINESS OR PROFESSIONAL AFFILIATIONS WHICH ESPECIALLY QUALIFY THIS CONSULTANT FOR THE ASSIGNMENT?

POLICY — DOCUMENTATION MUST BE AVAILABLE TO ESTABLISH THAT :

- Consultation was needed and RFMH and/or NYS DMH staff could not be used.
- A selection process was used to get the most qualified available consultant, considering the nature and extent of the consultation required.
- The fee is appropriate based upon the consultant's qualifications, normal charges and the services provided.

I certify that the consultation described above was performed and that the required documentation is on file

PROGRAM DIRECTOR SIGNATURE:	TITLE:	DATE:
APPROVAL SIGNATURE:	TITLE:	DATE:

FOR CONTROLLER'S OFFICE USE

DATE PAID:	SIGNATURE:
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Robert E. Burke, CPA
Managing Director

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Request for Taxpayer Identification Number and Certification
SUBSTITUTE IRS FORM W-9

**** Please complete ALL sections, sign and date****

1. **NAME** For proprietorship, please provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)
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2. ADDRESS/CONTACT INFORMATION

Address A – Physical address of

Company Headquarters Individual's Residence

Is this a US Post Office deliverable address? Yes No

Address B

Additional Remittance – PO Box, Lockbox or another physical location

Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
E-mail address			E-mail address		
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact			Primary Contact		

3. **ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)** Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN) <input type="checkbox"/> Government (EIN) <input type="checkbox"/> Tax Exempt/Nonprofit (EIN)	<input type="checkbox"/> LLC How does LLC report to IRS? <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	SSN
		Name associated with SSN
		EIN
		DUNS (If available)

4. IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:

- 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**
- 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 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, and
- I am a US citizen or other U.S. person (as defined by IRS Form W-9 rev October 2007)

You **must** cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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	Print Name & Title of Person Signing Form	Date
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For RFMH Office Use Only

Institute Location: _____ Controller Approval/Date: _____
 Approval: _____ Supplier ID#: _____
 Date: _____ 1099 Reportable: Yes _____ No _____

Registration Instructions

General Instructions:

1. **The Substitute IRS Form W-9 is for the use of United States entities only. Non-US entities must submit an IRS form W-8.**
2. Type or legally print all information except for signature.

Specific Information:

1. NAME

- a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in the first box. If the company operates under another name, provide it in the second box.
- b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.
- c. Individual – Name must be registered with the Social Security Administration (SSA) for the Social Security Number (SSN) listed in Section 3.

2. ADDRESS/CONTACT INFORMATION

- a. Address A – *If the address is non-deliverable by the United States Postal Service, complete both Address A and B sections.*
Company – Provide physical location of company headquarters.
Individual – Provide physical location of residence.
E-Mail – Provide complete e-mail address when available.
Telephone Number – Include area code.
Fax Number – Include area code.
Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.
- b. Address B – Provide additional remittance address and related information when appropriate.

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN)

- a. Individual – A person that has no association with a business.
- b. Proprietorship – A business owned by one person.
- c. Partnership – A business with more than one owner and not a corporation.
- d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.
- e. LLC – Limited Liability Company. ***Must mark appropriate classification – disregarded entity, partnership or corporation.***
- f. Government – The federal government, a state or local government, or instrumentality, agency or subdivision thereof.
- g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.
- h. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS.
Per the IRS, use the owner's social security number for a proprietorship.
- i. DUNS if available

4. IRS FORM W-9 CERTIFICATION AND SIGNATURE

- a. The Certification is copied from IRS Form W-9 (rev. October 2007). See IRS Form W-9 for further information.
- b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.
- c. Print the name and title, when applicable, of the person signing the form.
- d. Enter the date the form was signed. Forms over three years old will not be processed.

Mail or fax signed forms to: