

NCAS Backup Withholding Form

Trade Vendors

Agency Name: _____

Vendor Name: _____ Vendor Number: _____

- | | |
|---|--|
| <input type="checkbox"/> Start Federal Backup Withholding (24%) | <input type="checkbox"/> Stop Federal Backup Withholding |
| <input type="checkbox"/> Start State Backup Withholding (4%) | <input type="checkbox"/> Stop State Backup Withholding |
| <input type="checkbox"/> Start Non-Resident Alien Withholding (30%) | <input type="checkbox"/> Stop Non-Resident Alien Withholding |

Please check the appropriate Box to Start Backup Withholding:

- Vendor will not provide their taxpayer identification number (TIN).
- B Notice returned because of undeliverable address.
- No receipt of substitute W-9 form by date on First B Notice.
- No receipt of IRS letter 147C or SSA form 7028 by date on Second B Notice.
- Non-Resident Alien.
- Out of state vendor.

Please check the appropriate Box to Stop Backup Withholding:

- Vendor provided a taxpayer identification number (TIN).
- Vendor provided a deliverable address.
- Receipt of current substitute W-9 form.
- Receipt of IRS letter 147C or SSA 7028 form.
- No longer a Non-Resident Alien.

Please attach any documentation to support the above request.

Signature Printed Name Date

OSC Use Only

Date Received: _____ Verify Files Withholding On
 Update System Withholding Off

Date Completed: _____ Completed by: _____

If you have any questions about this form, contact the OSC NCAS Support Services at (919) 707-0795
or osc.support.services@osc.nc.gov