SUBSTITUTE IRS FORM W-9 (Sept 12)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION.

The City of Harrisonburg will not issue a check for payment until this form is completed.

VENDOR #_____ (leave blank) **No City Employee can become a vendor.**

Requesting Department -_____

Please return this form to City of Harrisonburg, c/o Nicole Robertson - Purchasing Dept., 345 S. Main St. Room 201, Harrisonburg, VA 22801 or fax back this form to (540) 432-7778 or email to purchasing@harrisonburgva.gov

Please refer to W-9 IRS instructions for more information.

Name as shown on your income tax return:

_____

Business Name/disregarded entity name if different than above:

_____

Physical address:_____ Payable address:_____

_____ _____

_____ _____

Phone # _____ Fax #_____

Organization Entity: Check only 1:

Social Security # or Employer ID #

___Individual/Sole Proprietor _____

___Partnership _____

___C Corporation _____

___S Corporation _____

___Limited Liability Company – Check 1 below:

_____ C Corporation _____

_____ S Corporation _____

_____ P Partnership _____

_____Exempt from backup withholding payee

Is your organization (association, club, religious, charitable, educational, or other group) tax exempt under IRS Section 501 (a)

Yes_____ No_____

Certification: Under penalties of perjury, I certify that: (1) The numbers shown on this form is my correct taxpayer ID # or I am waiting for a # 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 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 (3) I am a U.S. citizen or other U.S. person(defined in the instructons). (If there are questions refer to IRS Form W-9 for clarification).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Print Name:_____ Title:_____

Signature:_____ Date:_____

Print Form Submit by Email