DO NOT SUBMIT FORM TO IRS - SUMBIT FORM TO REQUESTING AGENCY. 9/04 Revision	**CITY OF NEW YORK** **SUBSTITUTE FORM W-9: REQUEST FOR** **TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name:

2. If you use DBA, please list below:

3. Entity Type (Check one only):

☐ Non-Profit Corporation ☐ Corporation ☐ Government ☐ City of New York Employee ☐ Individual / Sole Proprietor ☐ Trust

☐ Joint Venture ☐ Partnership ☐ Limited Liability Co. ☐ Resident/Non-Resident Alien ☐ Non-United States Business Entity ☐ Estate

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: *(DO NOT USE DASHES)*

2. Taxpayer Identification Type (check appropriate box):

☐ Employer ID No. (EIN) ☐ Social Security No. SSN) ☐ Individual Taxpayer ID No. (ITIN) ☐ N/A (Non-United United States Business Entity)

Part III: Primary 1099 Vendor & Remittance Address

1. Primary 1099 Vendor Address:

Number, Street, and Apartment or Suite Number

City, State,and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State,and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

☐ **Exempt from Backup Withholding**

Part V: Certification

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature _____ Phone Number _____ Date _____

Print Preparer's Name _____ Phone Number _____

FOR SUBMIITTING AGENCY USE ONLY

Submitting Agency Code: ____ Submitting Agency Name: _____

Contact Person: _____ Telephone Number: ( )

Payee/Vendor Code: | | | | | | | | | | | |

DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST FAX COMPLETED W-9 FORMS TO: (212) 815-8555