DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO REQUESTING AGENCY

9/07 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:(As it appears on IRS EIN records, CP575, 147C - or - Social Security Admin records, Social Security Card, certified Form SSA7028)

2. If you use DBA, please list below:

3. Entity Type (Check one only):

- ☐ Church or Church-Controlled Organization
- ☐ Personal Service Corporation
- ☐ Non-Profit Corporation
- ☐ Corporation/ LLC
- ☐ Government
- ☐ City of New York Employee
- ☐ Individual / Sole Proprietor
- ☐ Trust
- ☐ Joint Venture
- ☐ Partnership/ LLC
- ☐ Single Member LLC (Individual)
- ☐ 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 _____

Contact's E-Mail Address: _____

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code: ___ Contact Person: _____

Contact's E-Mail Address: _____ Telephone Number: ( )

Payee/Vendor Code: _____

DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST FAX COMPLETED W-9 FORMS TO THE VALIDATION UNIT.