



SUBSTITUTE FORM W-9:

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

AVAILABLE ON NEW YORK CITY'S COMPTROLLER'S WEBSITE

<http://www.comptroller.nyc.gov/bureaus/acc/w9-intermediate-page.shtm>

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)

TIN input fields (9 boxes)

2. Taxpayer Identification Type (check appropriate box):

- Employer ID No. (EIN)
Social Security No. (SSN)
Individual Taxpayer ID No. (ITIN)
N/A (Non-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 checkbox

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