

# 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):

<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Corporation	<input type="checkbox"/> Church or Church-Controlled Organization	<input type="checkbox"/> Government	<input type="checkbox"/> City of New York Employee	<input type="checkbox"/> Personal Service Corporation	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Trust
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Resident/Non-Resident Alien	<input type="checkbox"/> Non-United States Business Entity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Estate

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

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

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2. Taxpayer Identification Type (check appropriate box):

<input type="checkbox"/> Employer ID No. (EIN)	<input type="checkbox"/> Social Security No. (SSN)	<input type="checkbox"/> Individual Taxpayer ID No. (ITIN)	<input type="checkbox"/> N/A (Non-United States Business Entity)
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## 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: \_\_\_\_\_