

# Substitute Form W-9 Taxpayer Identification/Vendor Information

Complete and submit this form to the Purchasing Department of the City of Richmond

Vendor number    Address #  
(Office use only do not fill in)

Vendor Business Contact

Contact Phone Number

Legal Business Name

Business Street Address

City

State

Zip Code +4

Business Phone

FAX Number

Toll Free Number

Company Web Address

E-mail Address

Tax Payer ID (TIN): Federal EIN:    -       or Soc. Sec. #    -    -   

Specify 1099 Category if known: \_\_\_\_\_

(Fed tax withheld, commissions, healthcare payments, proceeds, CIDD or PPS withholding )

1099 Address:

Box/Bldg/Suite: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Street: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## SECTION A VENDOR MAILING ADDRESS (Please complete if different from business address.)

Does your business accept Purchase Orders:     Yes     No

Address

City

State

Zip Code + 4

## SECTION B VENDOR REMITTANCE ADDRESS (required to be completed.)

Address

City

State

Zip Code + 4

Accounts Receivable Contact Name

Phone Number

FAX Number

**SECTION C BUSINESS INFORMATION**

**Business Type**

Consultant \_\_\_\_\_ Distributor \_\_\_\_\_ Service Provider \_\_\_\_\_ Legal Corporation (Law Firm) \_\_\_\_\_  
Federal Government \_\_\_\_\_ State Government \_\_\_\_\_ Local Government \_\_\_\_\_

**Ownership Status** (Check all that apply.)

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Minority Business \_\_\_\_\_ LLC \_\_\_\_\_  
Small Business \_\_\_\_\_ Non-Profit Org. \_\_\_\_\_ Women-Owned Business \_\_\_\_\_ Professional Corp. \_\_\_\_\_

**I HEREBY CERTIFY THAT:**

1. THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER IDENTIFICATION NUMBER (OR I AM WAITING FOR A NUMBER TO BE ISSUED TO ME), **AND**
2. I AM NOT SUBJECT TO BACKUP WITHHOLDING BECAUSE: (a) I AM EXEMPT FOR BACKUP WITHHOLDING, OR (b) I HAVE NOT BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE (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. PERSON (INCLUDING A U.S. RESIDENT ALIEN).

**CERTIFICATION INSTRUCTIONS.** YOU MUST CROSS OUT ITEM 2 ABOVE IF YOU HAVE BEEN NOTIFIED BY THE IRS THAT YOU ARE CURRENTLY SUBJECT TO BACKUP WITHHOLDING BECAUSE YOU HAVE FAILED TO REPORT ALL INTEREST AND DIVIDENDS ON YOUR TAX RETURN. FOR REAL-ESTATE TRANSACTIONS, ITEM 2 DOES NOT APPLY.

PRINTED OR TYPED NAME

TITLE

SIGNATURE

DATE

This information is needed in order to process a purchase order.

PLEASE RETURN COMPLETED FORM TO:

**CITY OF RICHMOND  
PURCHASING DEPARTMENT  
50 NORTH FIFTH STREET  
RICHMOND, IN 47374**

Or fax to 765-983-7212

**ALSO, please note that an original invoice will need to be mailed to Accounts Payable at the City of Richmond, 50 North 5<sup>th</sup> Street, Richmond, IN 47374 with the Purchase Order # referenced on the invoice in order for payment to be processed. Thank you.**