DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO REQUESTING AGENCY 7/13 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, Social Security Certification)

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

Part III: Vendor & Remittance Addresses

1. 1099/Account Administrator Address:

Number, Street, and Apartment or Suite Number

City, State,and Nine Digit Zip Code or Country

2. Billing, Ordering & Payment 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 ATTACH COMPLETED W-9 FORMS TO THEIR FMS DOCUMENTS.