



# SUBSTITUTE FORM W-9

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vendor # \_\_\_\_\_

To comply with federal tax regulations, please indicate type of organization and enter your associated Federal Tax ID or Social Security Number.

Corporation \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Partnership \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Exact Partnership Name \_\_\_\_\_

Individual \_\_\_\_\_ Social Security # \_\_\_\_\_

Under penalties of perjury, I certify that the information provided is true, correct and complete, and I am not subject to backup withholding under provisions of IRS Code.

Signature \_\_\_\_\_

Complete and return this form.

**DO NOT SEND TO IRS**

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