# VENDOR REGISTRATION AND SUBSTITUTE IRS FORM W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

| Print or type | |
|---|---|
| | Name (as shown on your income tax return) |
| | Business name/disregarded entity name, if different from above |
| | Check appropriate box for federal tax classification (required)<br>◯ Individual/sole proprietor ◯ C Corporation ◯ S Corporation ◯ Partnership ◯ Trust/estate<br>◯ Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership _____<br>◯ Other (see instructions) ▶ ☐ Exempt payee |
| | Address (number, street, and apt. or suite no.) |
| | City, state and ZIP code |

## Part I Taxpayer Identification Number (TIN)

**ENTER ONLY ONE TIN NUMBER; do not enter both a social security number and an employer identification number.** Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions in the instructions. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* in the instructions.

Note. If the account is in more than one name, see the chart on page 4 of the instructions for guidelines on whose number to enter. Form W-9 Instructions will be provided upon request.

Social security number

Employer identification number

## Part II Certification

Under penalties of perjury, I 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 from 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. citizen or other U.S. person (defined in the instructions).

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. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions.

| **Sign Here** | Signature of U.S. person ▶ | Date ▶ |
|---|---|---|

PLEASE TYPE OR PRINT THE FOLLOWING:

Type of business (Check more than one if applicable):

I/We provide the following type of **Merchandise or Commodity:**

- ☐ Office or Operating Supplies
- ☐ Equipment, Tools, or Machinery
- ☐ Parts or Maintenance Supplies
- ☐ Merchandise for Resale
- ☐ Other (explain):

Brand names offered (please attach separate list if needed):

I/We provide the following type of **Service:**

- ☐ Professional Services such as Engineering, Legal, Medical, Financial, or Consultant services
- ☐ Technical Services such as Photography, Printing, Testing, Towing or Tree Services
- ☐ Rentals of Uniforms, Equipment, Land or Electronics
- ☐ Maintenance or Repair Services
- ☐ Special Program Services such as Ad Designer, Caterer, Instructor, Referee or Presenter
- ☐ Other (explain):

Do you require a credit application from the City? ◯ Yes ◯ No

Are you professionally licensed? ◯ Yes ◯ No

Remittance address if different than above:

Phone:

Fax:

Contact name:

E-mail address:

CONFLICT OF INTEREST: Are there any officers, employees, stock holders or anyone else with a financial interest in your business that is employed by the City of Ankeny in any capacity including part time, elected or appointed? ◯ Yes ◯ No

Would you like information about how to receive payments due from the City of Ankeny via Electronic Funds Transfer (EFT)? ◯ Yes ◯ No

**Please return your completed Vendor Registration Form by FAX to: (515) 965-6416 or by mail to:**
**City of Ankeny, Attn: Finance Department, 410 West First Street, Ankeny, IA 50023-1557**

***Please note: This form does NOT place your name on a bidders list or guarantee receipt of requests for bid and quotations***

Vendor # _____

New Vendor Registration originally requested by:_____