DO NOT SUBMIT FORM TO IRS - SUMBIT FORM TO REQUESTING AGENCY.

9/04 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:

2. If you use DBA, please list below:

3. Entity Type (Check one only):

- ☐ Non-Profit Corporation
- ☐ Corporation
- ☐ Government
- ☑ City of New York Employee
- ☐ Individual / Sole Proprietor
- ☐ Trust
- ☐ Joint Venture
- ☐ Partnership
- ☐ Limited Liability Co.
- ☐ 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)*

1	2	3	4	5	6	7	8	9

2. Taxpayer Identification Type (check appropriate box):

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

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

Vincent Variale
1 NYC's Best Avenue

City, State,and Nine Digit Zip Code or Country

NYC, NY 12345

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: X _____ Signature

555-1234 Phone Number

Date

Vincent Variale Print Preparer's Name

555-1234 Phone Number

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code: ___

Submitting Agency Name: _____

Contact Person: _____

Telephone Number: ( )

Payee/Vendor Code: _____

DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST FAX COMPLETED W-9 FORMS TO: (212) 815-8555