



**John A. Donofrio, Summit County Fiscal Office**  
**175 S. Main St., Accounting Room 406, Akron, OH 44308**

**SUBSTITUTE FORM W-9**

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

**You will receive no payments until we have received a completed form via mail at the above address or at Fax Number (330) 643-8284**

	Initiating County Department:
	Employee Name:
	Phone # :
<b>This is <u>The Official Form</u>. No other version accepted after 12/15/07.</b>	

Summit County is conducting a review and update of its Accounts Payable system vendor files. You have received this correspondence because Summit County has done business with you. Please provide your Taxpayer Identification Number (TIN), which is your Employer Identification Number (EIN) or your Social Security Number (SSN). The Payee Type and description will assist us in determining if the payments we make to you are subject to IRS tax reporting requirements.

Please make any changes to the name and/or address below if necessary.

The information collected on this form will be used solely to update our administrative records.

If you have any question, please call us in Accounting at (330) 643-2672. Thank you.

PAYEE TYPE		Taxpayer Identification Number		DESCRIPTION OF BUSINESS	
<input type="checkbox"/>	Individual/Sole Proprietor/LLC	<input type="checkbox"/>	Social Security # (File)	<input type="checkbox"/>	Medical Provider (1099,File)
<input type="checkbox"/>	Disregarded Entity/LLC*	<input type="checkbox"/>	Employer ID #	<input type="checkbox"/>	Legal Provider (1099, File)
<input type="checkbox"/>	Corporation/LLC	<input type="checkbox"/>	Employer ID #	<input type="checkbox"/>	Service Provider (If Individ., 1099, File)
<input type="checkbox"/>	Partnership/LLC	<input type="checkbox"/>	Employer ID #	<input type="checkbox"/>	Goods/Material Provider
<input type="checkbox"/>	Estate/Trust	<input type="checkbox"/>	Employer ID #	<input type="checkbox"/>	Landlord/Property Owner (1099, File)
<input type="checkbox"/>	Other (Please explain below)	<input type="checkbox"/>	Employer ID #	<input type="checkbox"/>	Other (Please explain below)

\* Individual Owner with Employer ID for TIN

*PRINT BUSINESS ADDRESS*

*PRINT CHECK REMITTANCE ADDRESS, IF DIFFERENT FROM BUSINESS ADDRESS*

Company Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Under penalty of perjury, I certify that the information provided on this form is true and correct to the best of my knowledge and/ or am waiting for a TIN to be issued to me.

\_\_\_\_\_  
 Signature of owner of Social Security Number or Authorized Corp/Partner Signature Only

\_\_\_\_\_  
 phone

\_\_\_\_\_  
 Print Name and Title Please Print Legibly

\_\_\_\_\_  
 fax