



Kristen M. Scalise CPA, CFE, Summit County Fiscal Officer

175 S. Main St., Accounting Room 406, Akron, OH 44308

SUBSTITUTE FORM W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

This Area for Summit County Use ONLY			
County Department Doing Business with the Vendor:	Department Contact/Employee Name:	Phone # :	Assigned Vendor Number

Please PRINT or TYPE all information																																									
<p>Name (as it appears on your tax records): _____</p> <p>Street Address: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <p style="text-align: center;">PRINT CHECK DELIVERY NAME OR ADDRESS, IF DIFFERENT FROM INFO ABOVE</p> <p>Name if DBA: _____</p> <p>Street Address: _____</p> <p>Street Address: _____</p> <p>City, State, Zip: _____</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black;">If an individual, Social Security Number</td> <td style="width: 50%; border: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black;">If Company, Employer Tax Identification Number</td> <td style="border: 1px solid black;"> </td> </tr> </table>	If an individual, Social Security Number		If Company, Employer Tax Identification Number		<p style="text-align: center;"><i>Failure to return a completed form will subject you to backup withholding and/or penalties..</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Payee Type Place X in Appropriate box</th> </tr> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td><u>Individual/Sole Proprietor</u> If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Disregarded Entity (Individual with Employer ID for TIN</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Corporation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Partnership</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Limited Liability Company (LLC)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>County Employee</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Trust/Estate</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Description of Business Place X in Appropriate Box</th> </tr> <tr> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td>Medical Provider (1099)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Legal Provider (1099)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Service Provider (If Indiv., 1099)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Goods/Material Provider (If indiv., 1099)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Landlord/ Property Owner (1099)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reimbursement</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other :</td> </tr> <tr> <td colspan="2">Explanation:</td> </tr> </table>	Payee Type Place X in Appropriate box		<input type="checkbox"/>	<u>Individual/Sole Proprietor</u> If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.	<input type="checkbox"/>	Disregarded Entity (Individual with Employer ID for TIN	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Liability Company (LLC)	<input type="checkbox"/>	County Employee	<input type="checkbox"/>	Trust/Estate	<input type="checkbox"/>	Other	Description of Business Place X in Appropriate Box		<input type="checkbox"/>	Medical Provider (1099)	<input type="checkbox"/>	Legal Provider (1099)	<input type="checkbox"/>	Service Provider (If Indiv., 1099)	<input type="checkbox"/>	Goods/Material Provider (If indiv., 1099)	<input type="checkbox"/>	Landlord/ Property Owner (1099)	<input type="checkbox"/>	Reimbursement	<input type="checkbox"/>	Other :	Explanation:	
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<p>Certification: The number shown on this form is my/our correct taxpayer identification number.</p>																																									
<p>Signature of owner of Social Security Number or Authorized Corp/Partner Signature Only</p>																																									
<p>Print Name and Title Please Print Legibly</p>																																									
<p>Date signed</p>																																									
<p>Phone</p>																																									
<p>Fax</p>																																									

You have received this correspondence because Summit County has done business with you or will. 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. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

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.

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