



City of Phoenix

SUBSTITUTE W-9 FORM

REQUEST FOR TAXPAYER IDENTIFICATION INFORMATION

Vendor # _____

Dear Payee:

Please complete and return this form as soon as possible, as all payments will be held until the information is returned to us on this form. The City of Phoenix is required by federal tax law to file information returns to certain non-exempt payees on various transactions. In order to comply with IRS regulations we must have a correct Taxpayer Identification Number (TIN) on file, otherwise payments can be subject to backup withholding and possible penalties. Our records indicate that we do not have this information, or the correct information on file for your account.

Please print or type the information requested below and mail the form to:

**City of Phoenix
Neighborhood Services Department
200 W. Washington, 4th Floor
Phoenix, AZ 85003**

For your convenience, you can return this form via Fax at **(602) 534-0008**

Type of payee (check one)

Corporation _____ Individual/Sole Proprietor _____ Partnership _____ Other: _____

Taxpayer Identification Number (TIN)

Individuals and Sole Proprietors- Provide your full name as it appears on your Social Security Card.

Name (If joint names, list first and circle the name of the person in part I below): _____

Business Name (Sole proprietors see instructions on reverse side) _____

Corporations/Partnerships/Others –

Business Name: _____

PART I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate space. For Individuals, this is your social security number (SSN). For sole proprietors, see the instructions on reverse. For other entities, it is your employer identification number (EIN).

Social Security Number: _____ - _____ - _____

PART II

Employer Identification Number: _____ - _____

PART III Please sign and date to certify:

I certify that the number shown on this form is correct.

Signature/Title

Date

Telephone No.