



CITY OF ORLANDO

Substitute W – 9 Form

Fax form to City of Orlando Accounts Payable; fax number 407-246-2247

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

In accordance with the Internal Revenue Service regulations, The City of Orlando is required to collect the following information for tax reporting purposes from individuals and companies who do business with the City (including social security numbers if used by the individual or company for tax reporting purposes). Florida Statute 119.071(5) requires that the City notify you in writing of the reason for collecting this information, which will be used for no other purpose than herein stated. Please complete all information that applies to your business and return via email or fax as noted above. Prompt return of information will facilitate timely payment for goods and services provided to the City.

New Vendor Change Existing Vendor Vendor Number: _____

1. General Information (Please print or type)

Taxpayer Name (as shown on income tax return) _____

Business Name (if different from taxpayer name) _____

Address _____ City _____

State _____ Zip _____

Telephone _____ FAX _____ Email _____

Remit / Payment Information: _____ Same as above, or

Address _____ City _____ State _____ Zip _____

FAX _____ Email _____

2. Company Status (check only one)

Individual / Sole Proprietor Corporation Partnership Other _____
Please explain

Tax Exempt (Federal income tax-exempt entity under Internal Revenue Service guidelines IRC 501 (c) 3)

Limited Liability Company _____ Enter the tax classification
(D = Disregarded Entity, C = Corporation, P = Partnership)

3. Taxpayer Identification Number (for tax reporting purposes only)

Social Security Number (SSN) _____ OR Federal Tax Identification Number (TIN) _____

4. Sign and Date Form

Certification: Under penalties of perjury, I certify to the best of my knowledge, the above TIN number is correct, I am not subject to backup withholding and I am a U.S. person. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

Print Name and Title _____ Phone Number _____