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| Substitute | W-9 | REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) & CERTIFICATION | Walworth County DO NOT send to IRS |
| PRINT OR TYPE | | | |
| Please see instructions. | | | |
| LEGAL NAME (As entered with IRS) | | If Sole Proprietorship enter your Last, First, MI as exactly stated on your SS card. | |
| TRADE NAME | | If doing business as (D/B/A) or business name of Sole Proprietorship | |
| ENTITY DESIGNATION (Check ONE Only) | | EXEMPTIONS (see instructions): | |
| <input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR <input type="checkbox"/> C=C CORPORATION <input type="checkbox"/> S=S CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ <input type="checkbox"/> TAX EXEMPT OR GOVT-OWNED HOSPITAL <input type="checkbox"/> TAX EXEMPT OR GOVT-OWNED LONG-TERM CARE FACILITY <input type="checkbox"/> ALL OTHER ENTITIES | | Exempt payee code (if any) _____ Exempt from FATCA reporting code (if any) _____ | |
| PRIMARY ADDRESS (For return of 1099 Form) | | TAXPAYER IDENTIFICATION NUMBER (TIN) (Please include | |
| PO Box or number and street | | hyphens) If you are a sole proprietor and you have an EIN, | |
| City, State, Zip + 4 | | you may enter either your SSN or EIN. However, using | |
| | | your EIN may result in notices to the requestor. The TIN | |
| | | provided must match the name given on the "Name" | |
| | | line to avoid backup withholding. | |
| ORDER ADDRESS (Where order should be sent if different from primary) | | CHECK ONLY ONE | |
| PO Box or number and street | | <input type="checkbox"/> Social Security Number (SSN) | |
| City, State, Zip + 4 | | _____ | |
| | | <input type="checkbox"/> Employer Identification Number (EIN) | |
| | | _____ | |
| REMIT ADDRESS (Where check should be sent if different from primary) | | <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. | |
| PO Box or number and street | | Resident Aliens (ITIN) | |
| City, State, Zip + 4 | | _____ | |
| Type of Service Provided (legal, repairs, consulting, etc.) | | | |
| | | | |
| CERTIFICATION | | IF YOU HAVE QUESTIONS: | |
| Under penalties of perjury, I certify that: | | CONTACT: | |
| 1. The number shown on this form is my correct taxpayer identification number, AND | | Walworth County Finance Dept. | |
| 2. I am not subject to withholding because (a) I am exempt from backup withholding, or | | Phone Number: 262-741-4242 | |
| (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject | | Fax Number: 262-741-4384 | |
| to backup withholding as a result of a failure to report all interest or dividends, or (c) | | | |
| the IRS has notified me that I am no longer subject to backup withholding. | | | |
| 3. I am a U.S. citizen or other U.S. person (defined in the instructions), and | | | |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from | | | |
| FATCA reporting is correct. | | | |
| Printed Name _____ | | FOR AGENCY USE ONLY | |
| Signature _____ | | Vendor ID | |
| Title _____ | | 1099 YES NO | |
| Phone _____ | | Vendor YES NO | |
| Date _____ | | | |
| Return this form to: Walworth County Finance Department, PO Box 1001, Elkhorn WI 53121 Fax 262-741-4384 | | | |