



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternate formats to individuals with disabilities upon request.

<p>Legal Name (as entered with IRS) If Sole Proprietorship or LLC Single Owner, enter your Last, First, M. I.</p> <hr/> <p>Trade Name Enter Business Name if different from above.</p> <hr/> <p>Remit Address (where check should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>Order Address (where order should be mailed; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>1099 Address (for return of 1099 form; complete only if different from remit) PO Box or number and street, City, State, ZIP + 4</p>	<p>Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual/Sole Proprietor/LLC Single Owner <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities</p> <hr/> <p>Taxpayer Identification Number (TIN) 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 show the SSN. Enter your 9 digit number only, no dashes.</p> <hr/> <p>Check Only One <u>Required</u> (see "Instructions")</p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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Certification
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject 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. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number
Signature		Date (MM/DD/CCYY)

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

Return completed form via facsimile machine or to the address listed below.
 For your convenience this form has been designed for return in a standard Window envelope.

Forms may be returned to:
 Fax Number
 Attn:

W-9 INSTRUCTIONS

LEGAL NAME - REQUIRED. Enter the legal name as registered with the Internal Revenue Service. The legal name is the rightful owner of the Taxpayer Identification Number (TIN).

- If your fire organization was created by and is owned by your municipality, then use your municipality name. (e.g. City of Madison)
- If your organization is not owned by a municipality, then use the legal name of your fire organization. (e.g. ABC Fire Department)

TRADE NAME - Enter a trade name *only if it is different from* the legal name entered above. Enter the entity name to which you want the reimbursement made. This should be the name of the entity that will be cashing the reimbursement check. It may be the municipality name, the fire organization's name, or a combination of both, such as City of Madison Fire Department. Do **not** enter the fire chief's name.

REMIT ADDRESS - Enter the address to which you want the reimbursement check sent. Do **not** enter a home address.

ORDER ADDRESS – IGNORE.

1099 ADDRESS – IGNORE.

ENTITY DESIGNATION - REQUIRED. Check **one** box that describes your type of business.

TAXPAYER IDENTIFICATION NUMBER (TIN) - REQUIRED. List only **one** number: your fire organization's TIN number or your municipality's TIN number determined by the TIN number under which you operate. This TIN number belongs to the previously entered legal name.

- Check the "Employer Identification Number (EIN)" box.

CERTIFICATION - Read the certification. Print your name, title and telephone number. Sign and date.

Keep a copy of the completed W-9 for future use.