

SUBSTITUTE W-9 FORM PAYER'S REQUEST FOR TAXPAYER'S IDENTIFICATION NUMBER

Please Print:

NOTE: Sole Proprietorships must be listed by individual owner's name.

Name: _____

Address: _____

City/State/Zip: _____

1. Please check the **ONE** box that best describes your status with regard to payment to you by the City.

INDIVIDUAL

Cleveland Heights Employee

Petty Cash

Reimbursement for travel, mileage

Other (explain _____)

BUSINESS - Check organizational form:

SOLE PROPRIETORSHIP (dba _____)

PARTNERSHIP

CORPORATION (INCLUDING S-CORP.)

Please check if your company is in the business of:

Providing legal services including Corporations

Providing medical or health care services

Billing or collecting payments for medical or health care services

LIMITED LIABILITY COMPANY. Enter the tax classification (D=disregarded entity, C=corporation, P=Partnership) _____

GOVERNMENT, government agency or instrumentality

ORGANIZATION EXEMPT from Federal Income Tax under Internal Revenue Code Section 501(a) or an

OTHER - Please describe your organization or the exempt nature of payments made to you: _____

2. Provide your Taxpayer Identification Number on the appropriate line.

SOCIAL SECURITY NUMBER: _____ - _____ - _____

(Must be used for Individuals. May be used by Sole Proprietorships.)

OR

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____ - _____

(Must be used for all others. May be used by Sole Proprietorships.)

3. Check if applicable: Minority Business Enterprise Women's Business Enterprise

4. Signature: _____ Date: _____

Please **save** document to your computer, attach to email and send to erobinson@clvhts.com

OR print and mail to: Finance Department, City of Cleveland Heights,

40 Severance Circle, Cleveland Heights, OH 44118

SEE NEXT PAGE FOR IMPORTANT TAX INFORMATION

IMPORTANT TAX INFORMATION

Under the Federal Income Tax Law, Internal Revenue Code Section 3406, you are subject to certain penalties as well as withholding of tax at a thirty-one percent (31%) rate if you have not provided us with your correct social security number or other taxpayer identification number. Please read this notice carefully.

You (as a payee) are required by law to provide us (as payor) with your correct taxpayer identification number. If you are an individual, your taxpayer identification number is your social security number. If you have not provided us with your correct taxpayer identification number, you may be subject to a \$50.00 penalty imposed by the Internal Revenue Service. In addition, interest, dividends, and other payments that we make to you may be subject to backup withholding.

If backup withholding applies, a payor is required to withhold thirty-one (31%) of interest, dividends, and other payments to you. Backup withholding is not an additional tax. Rather, the tax liability of persons subject to backup withholding will be offset by the amount of tax withheld. If withholding results in an overpayment of taxes a refund may be obtained.

Please use this Substitute W-9 Form to furnish us with your correct taxpayer identification number. Payments we made to you may be subject to backup withholding unless we receive a completed Substitute W-9 Form from you.

If you do not have a taxpayer identification number or you do not know your number, obtain FORM SS-5, Application for a Social Security Number Card, or FORM SS-4, Application for Employer Identification Number, at the local office of the Social Security Administration or the Internal Revenue Service, and apply for a number. Sign and date Section 5 of the Substitute W-9 Form which certifies that you have or will soon apply for a taxpayer identification number and return the Substitute W-9 Form in the postpaid reply envelope. As noted on the lower portion of this Substitute W-9 Form, if your taxpayer identification number is not received in our office within 60 days, we are **required** to withhold thirty-one percent (31%) of all reportable payments thereafter made until we receive your taxpayer identification number. To prevent backup withholding, please complete the form and mail it back to us as soon as possible after you have been assigned a number.

_ REQUESTING DEPARTMENT USE ONLY _
Date of this Request: _____ Department _____
Name and Extension of Requestor: _____

_ FINANCE DEPARTMENT USE ONLY _
Notified: _____ Date _____
Person _____

Before the City of Cleveland Heights can issue full payment to you, the Internal Revenue Service requires that we verify specific information about you, or your business, in writing.

To satisfy this requirement, please take a few minutes to complete the enclosed "Substitute W-9" form and return it to us using the enclosed postage-paid envelope.

This form consists of five sections. If you have a Taxpayer Identification Number (either a Social Security Number or Employer Identification Number), complete sections 1-4.

- Section 1 - Choose the description that best describes your status.
- Section 2 - Provide the appropriate Social Security Number or Employer Identification Number. Sole Proprietors - please provide only one option.
- Section 3 - If applicable, indicate if your business is a Minority or Women's Business Enterprise.
- Section 4 - Sign and date.

If you do not have a taxpayer's identification number but have applied or intend to apply for one, please read, sign, and date section 5 and return the form to us.

Additional information about this requirement is provided on the reverse side of the form.

If you have any questions, please feel free to call the Finance Department between 8:30am and 5:00pm Monday through Friday, at (216)291-3900.

Your prompt cooperation is greatly appreciated. Thank you,

CITY OF CLEVELAND HEIGHTS