

VANDERBURGH COUNTY SUBSTITUTE FOR IRS FORM W-9

VANDERBURGH COUNTY AUDITOR

1 NW M L KING JR BLVD RM 208

EVANSVILLE IN 47708-1832

TELEPHONE: 812-435-5952

FAX: 812-435-5027

VENDOR NO:		DATE ENTERED:		
VENDOR NAME:				
DBA (if applicable):				
ADDRESS:				
CITY:		STATE:	ZIP:	
TAX STATUS - COMPLETE <u>ONLY ONE</u> OF THE FOLLOWING <u>FOUR</u> CHOICES				
1	Name of Company or Corporation:			
	Taxpayer Identification Number(EIN or FIN):			
2	Name of Partnership:			
	Taxpayer Identification Number(EIN or FIN):			
3	Name of Sole Proprietorship:			
	Name of Sole Proprietor(Owner):			
	Taxpayer Identification Number(SSN):			
4	Name Of Individual:			
	Taxpayer Identification Number(SSN):			
Check (✓) the box of <u>one</u> of the <u>seven</u> qualifying exemptions below <u>only</u> if you are exempt from 1099 reporting:				
1	Corporation:	<input type="checkbox"/>	5 US Governmental Agency/Municipality:	<input type="checkbox"/>
2	Financial Institution:	<input type="checkbox"/>	6 Exempt from tax under 501(a) or IRA:	<input type="checkbox"/>
3	Trust or Estate:	<input type="checkbox"/>	7 Foreign Government or Company:	<input type="checkbox"/>
4	Non-Profit or Not-for-Profit(explain):			<input type="checkbox"/>
REMIT TO ADDRESS (if different from above address)				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT INFORMATION				
CONTACT NAME & TITLE:				
TELEPHONE:		EXT:	FAX:	
EMAIL:				
DBE/MBE/WBE - Check (✓) one of the following boxes if your business is certified as a:				
1	Disadvantaged Business Enterprise:			<input type="checkbox"/>
2	Minority Business Enterprise:			<input type="checkbox"/>
	If so, please indicate ethnic origin:			
3	Women Business Enterprise:			<input type="checkbox"/>
Name and address of agency that provided your DBE, MBE or WBE certification:				
Name:				
Address:				
Date Certified:		Date Certification expires:		

INSTRUCTIONS FOR COMPLETING W-9 SUBSTITUTE

According to federal tax law, we are required to obtain Taxpayer Identification Numbers (TIN) of all individuals and businesses to whom reportable payments are made. If you do not provide us with this information, you may be fined \$50.00 by the IRS under Section 6723 of the Internal Revenue Code and future payments to you may be subject to 31% backup withholding under IRS Code Section 3406. The Taxpayer Identification Number is the number which taxes are filed under, such as an Employer Identification Number (Company or Corporation), a Federal Identification Number(Company, Estate, Trust) or a Social Security Number(Individual, Sole Proprietor).

This form is used by Vanderburgh County as a substitute for the W-9 Form as allowed by the Internal Revenue Service. This form provides us with the information we require to enter an individual or a company in our computer system as a Vendor. Our form asks for additional information that is not on the IRS form. Please complete this W-9 SUBSTITUTE. Payment will not be made until this form is received by us and a vendor created.

The vendor name is the name which the check should be made payable to. Please use the form on our website to fill in your information. Complete one section only under TAX STATUS. Check only one of the qualifying exemptions if applicable to your company. This form can be found on our website www.vanderburgh.org/auditor under **Forms**. You may complete this form on our website, then print, scan and email to jwatson@vanderburghgov.org. You may also print the form and fax or mail to the address or number at the top of our form.

Please return both pages of this form as soon as possible. Failure to provide us with the necessary information requested on our W-9 Substitute will delay payment. Do not fill in the areas shaded in blue.

TO BE COMPLETED BY THE VANDERBURGH COUNTY AUDITOR ONLY:			
<i>VENDOR NAME:</i>		<i>VENDOR NO.</i>	
The letters listed below should precede the alpha ID for Employee, Payroll & Tax Refund (17T) Vendors:			
EM—Employee	PA—Payroll	TR—Tax Refund	
GENERAL			
VENDOR TYPE (circle one)	EM	EMPLOYEE	
	GV	GOVERNMENT	
	PA	PROPERTY ACQUISITIONS	
	PR	PAYROLL	
	RG	REGULAR	
	TR	TAX REFUNDS	
	TS	TAX SALE	
	UT	TELEPHONE & UTILITIES	
	VB	VETERAN BURIAL	
1099 VENDOR TYPE (circle one)	I	INTEREST	
	M	MEDICAL HEALTHCARE PAYMENT	
	N	NONEMPLOYEE COMPENSATION	
	O	OTHER	
	R	RENT	
	S	PROPERTY ACQUISITIONS	
TERMS			
ALLOW DUPLICATE INVOICES (circle one)	YES	NO	
MISCELLANEOUS			
DEFAULT ACCOUNT (fill in if applicable)			
SEPARATE CHECKS (circle one)	YES	NO	
PAYMENT METHOD (circle one)	CHECK	EFT	
DISABLED,MINORITY,WOMEN BUSINESS ENTITY	DBE	MBE	WBE