

VANDEBURGH COUNTY AUDITOR'S OFFICE

1 NW M L KING JR. BLVD. ROOM 208

EVANSVILLE IN 47708-1832

Tele No. (812) 435-5298 Fax No. (812) 435-5027

VANDEBURGH COUNTY SUBSTITUTE FOR IRS FORM W9

The following section is to be completed by the Vanderburgh County employee who is requesting the new vendor before mailing this form to the Vendor:

To be completed by person who is requesting this new vendor:	To be completed by Bookkeeper in Auditor's Office:	To be completed when Vendor # is issued:
Name:	Approved By:	Vendor No:
County Dept:	Date:	Date:

This form is used by Vanderburgh County as a substitute for the W-9 Form. This form provides us with the information we require to enter an individual or a company in our computer system as a Vendor. **Payment will not be made until this form is received by us and a vendor created.**

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 30.5% 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, a Federal Identification Number, or a Social Security Number.

Please complete both pages of **this vendor form**. Payment will be made to the name on this form. Fax or mail **this vendor form** back to us as soon as possible. The check will be made payable to the name entered.

FULL COMPANY/INDIVIDUAL NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
REMIT TO ADDRESS (if different from above)	PURCHASE ORDER ADDRESS (if different from above)	
CONTACT PERSON (NAME & TITLE):		
TELEPHONE:	FAX:	
EMAIL:		

TAX STATUS (Complete One)

Name of Company or Corporation:

Taxpayer Identification Number(FIN):

Name of Sole Proprietorship:

Sole Proprietor:

Taxpayer Identification Number(SSN):

Name of Individual:

Taxpayer Identification Number(SSN):

Name Of Partnership:

Taxpayer Identification Number(FIN):

IF YOU ARE EXEMPT FROM 1099 REPORTING, CHECK (✓) THE QUALIFYING EXEMPTION:

Corporation

US Governmental Agency/Municipality

Financial Institution

Exempt from tax under 501(a) or IRA

Trust or Estate

Foreign Government or Company

Other (Please explain):

CHECK (✓) ONE OF THE FOLLOWING IF YOUR BUSINESS IS CERTIFIED AS A:

Disadvantaged Business Enterprise

Minority Business Enterprise

If so, please indicate ethnic origin: _____

Women Business Enterprise

Name and address of agency that provided your MBE or WBE certification:

Name: _____

Address: _____

Date Certified:

Date Certification expires:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

SIGNATURE:

TYPED OR PRINTED NAME:

TITLE:

DATE: