

# W-9 -Substitute

City of Gulfport Substitute W-9

Rev. November 2015

# Request for Vendor Identification Number and Certification

Completed form should be given to the requesting department.

PRINT OR TYPE

**Name** (List legal name, if joint names, list first & circle the name of the person whose identification number or social security number to be entered in Part I.)

**Business name** (If different from above.)

**Check the appropriate box:**  Individual/Sole proprietor  C Corporation  S Corporation  Partnership  Estate/Trust

Limited Liability Company- Enter tax classification. (C- C Corporation/ S- S Corporation, P- Partnership) \_\_\_\_  Government

Other (Please explain.) \_\_\_\_\_

**Legal Address:** number, street, and apt. or suite no.

**Remittance Address:** if different from legal address number, street, and apt. or suite no.

**City, state and ZIP code**

**City, state and ZIP code**

**Phone #:**

**Fax #:**

**Email address:**

## Part I Identification Number

Enter your EIN in the appropriate box.

For individuals, this is your social security number (SSN).

For other entities, it is your employer identification number (EIN).

**Social security number**

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OR

**Employer identification number**

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**City of Gulfport Privilege License Number**

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**Local Vendors:**

Please provide your privilege license number.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
- 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 Services (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, **and**
- I am currently a City of Gulfport employee: (check one): Yes \_\_\_\_ No \_\_\_\_

## Part III Direct Payment Information

I authorize the City of Gulfport (the City) to directly deposit funds in the financial institution listed below. I understand that it may take up to 5 days to process this request and that my first check may not be deposited. I will verify processing with my financial institution by reviewing my statement and emailed deposit advice.

I understand that if funds that I am not entitled are deposited in my account, then the City will initiate a correcting (debit) entry. I acknowledge that this authorization may be rejected or discontinued by the City at any time. If any of the above information changes, I understand that it is my responsibility to complete a new enrollment/change form.

If making a change, I understand that if the direct deposit is not stopped before closing an account, the funds will be returned to the City for distribution, and will result in a delayed check.

I agree to the terms above and would like to be paid via Direct Deposit. Yes  No

### Instructions

Attach verification of financial institution & account. Acceptable verification states the business name or individual's name, account number and bank's routing number imprinted on the document. Verification can be in the form of:

- A voided check/photocopy of check
- Printout of bank statement
- Or letter from financial institution.

**DEPOSIT SLIPS CANNOT BE ACCEPTED**

**Name of Financial Institution**

**Type of Account**

Checking  Savings

**ABA Bank Routing Number (must be 9 digits)**

**Account Number (not including check number)**

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## Part IV

Sign Here

Authorized Signature ▶

Date ▶

## For Official Use

Date

Products/ Services to be provided by this vendor:

Request to: Add Vendor  Edit Vendor

Requestor Approval ▶