

Substitute W-9 Vendor Update Form

(Please print or type except for signature)

In order for the City of Gulfport to pay you the amount that is due to you, and to comply with the IRS regulations on reporting these payments, we are requesting the following information. **Failure to provide this information will result in withholding of payment.**

Box A

Are you/your business YES NO
 Individual _____
 Sole Proprietor _____

If the answer to both was no, please complete box B

If you answered **Yes** to either item, please provide your **Social Security** number (Sole Proprietors may enter their EIN, however, the IRS prefers you use your SSN)

SSN _____
 EIN _____

AND complete the following information:

 Last Name

 First Name

 Doing Business As

 Address 1

 Address 2

 City

 State _____ Zip Code _____
 Phone - (Area Code)XXX-XXXX

 Fax - (Area Code) XXX-XXXX

Box B

Is your business YES NO
 Corporation _____
 Partnership _____
 Estate or Trust _____
 Government _____
 Other _____
 Please Explain _____

Please provide us with your **Federal Employer Identification Number**

AND complete the following information:

 Company Name

 Doing Business As

 Address 1

 Address 2

 City

 State _____ Zip Code _____
 Phone - (Area Code)XXX-XXXX

 Fax - (Area Code) XXX-XXXX

 E-mail address

Are you an employee of the City of Gulfport?

No

Yes

Certification Must Be Signed By Vendor

Certification - Under penalties of perjury, I certify that:

1. 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
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.

Signature _____ Date _____

For Office Use only

Requesting Dept. Director Approval _____ POC Phone # _____
 Purchasing Dept. Approval _____ Commodity Code _____

Add/New ف Change ف Delete ف
 (Include vendor code & changes only) Reason _____