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 and/or Web 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

Date_____

Director Approval _____

Purchasing Approval _____

New Vendor _____ Change_____ Delete_____

Commodity/Items/Service to be provided by this vendor:

_____

_____

_____

_____

12/15/2011