



CITY OF GREENVILLE

“Danish Festival City”

411 South Lafayette Street
 Greenville, Michigan 48838
 Phone: (616) 754-5645 Fax: (616) 754-6320

Dear Vendor:

We require all our vendors to furnish us with their tax identification number/ social security number in order to comply with IRS regulations concerning backup withholding and Form 1099 reporting.

To avoid delayed payments, please provide the following information and return it within 1-2 business days to:

Attn: Accounts Payable
 City of Greenville
 411 S Lafayette St
 Greenville, MI 48838
ap@greenvillemi.org

Thank you for your cooperation

REQUEST FOR TAXPAYER ID NUMBER SUBSTITUTE W-9

Name:	SOLE PROPRIETORS: Social Security Number (SSN#)
Business Name (if different from above):	OTHER THAN SOLE PROPRIETORS: Employer Identification Number (EIN#)
Address:	
City, State, Zip Code:	Contact Business Phone:
Remittance Address (if different from above):	

TYPE OF ORGANIZATION: (Check All That Apply)

- | | |
|--|--|
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> LLC (Taxed as a C Corp) | <input type="checkbox"/> Government Agency Tax |
| <input type="checkbox"/> LLC (Taxed as a Patnership) | <input type="checkbox"/> Exempt Organization |
| <input type="checkbox"/> LLC (Taxed as a S Corp) | <input type="checkbox"/> Other _____ |

BUSINESS ACTIVITY: (Check One)

- | | | |
|--|--|--|
| <input type="radio"/> Services Only | <input type="radio"/> Merchandise (Goods) Only | <input type="radio"/> Real Estate Rental/Lease |
| <input type="radio"/> Consultant/Professional Fee: | <input type="radio"/> Merchandise & Services | <input type="radio"/> Legal Firm/Attorney/Lawyer |
| <input type="radio"/> Medical/Health Care | <input type="radio"/> Other _____ | |

Certification: Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer ID, 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 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
3. I am a U.S. citizen, a U.S. resident alien or other U.S. person (defined in the instructions).

Signature _____

Date _____

Title _____

* Cross out item #2 if you are subject to backup withholding