W-9 -Substitute

City of Gulfport Substitute W-9

Rev. December 2015

Request for Vendor Identification Number and Certification

PRINT OR TYPE

Completed form should be given to the requesting department.

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).

_____

Vendors:
Please provide your Privilege/Business License Number.

Social security number

			-			-				

OR

Employer identification number

		-							

Privilege/Business License Number

Part II: 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 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**
3. I am currently a City of Gulfport employee or have been an employee of the City of Gulfport within the previous twelve (12) months: Yes____ No _____ (check one). My spouse is currently a City of Gulfport employee or has been an employee of the City of Gulfport within the previous twelve (12) months: Yes____ No _____ (check one). The business identified in this form above _____ does _____ does not (check one) currently employ someone who is a City of Gulfport employee or has a City employee who has an ownership interest in the business.

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:

1. **A voided check/photocopy of check**
2. **Printout of bank statement**
3. **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)**
⑆	⑈ ⑈

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 ►	