

# Form W-9 Taxpayer Identification/Vendor Information

Return this form to: County of Chester, Department of Procurement & General Services, Suite 145,  
West Chester, PA 19380, Attn: W-9 Fax #: 610-344-5503 or

Reply by email as instructed or to: [vinformation@chesco.org](mailto:vinformation@chesco.org)

Please complete this form for Tax Year 2009 by typing in the highlighted fields provided. (For electronic submissions, use the Tab or Arrow key to move to the next field and click in the appropriate box to mark.) Any payments for goods or services you have provided to the County of Chester will be held until this form is completed and returned.

## Section I. The following information **must** be completed.

Vendor Name: \_\_\_\_\_ Vendor ID #: \_\_\_\_\_  
As shown on your income tax return.

Business Name, if different from above: \_\_\_\_\_

Type of  Individual/Sole Proprietorship  Corporation  Partnership  
 Limited liability company. Enter the tax classification  
(D=disregard entity, C=Corporation, P=Partnership) ▶ \_\_\_\_\_

Tax Payer ID (TIN): Federal EIN: \_\_\_\_\_ - \_\_\_\_\_ or Soc. Sec #: \_\_\_\_\_ - \_\_\_\_\_

Specify 1099 Category if known: \_\_\_\_\_  
(Fed tax withheld, commissions, healthcare payments, proceeds, CIDT or PPS withholding...)

1099 Address: \_\_\_\_\_  
Box/Bldg./Suite: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
City: \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ - \_\_\_\_\_ (Customer service or general use preferred)

## Section II. The following information is requested for expediting Purchase Orders and Payments.

Purchase Order/Pricing Address:  Same If different from above:  
Box/Bldg./Suite: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
City: \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Web Address: **WWW.** \_\_\_\_\_  
Zip Code: \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Customer service or general use preferred)

Payment Terms: \_\_\_\_\_

Remittance Address  Same If different from above:  
Box/Bldg./Suite: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
City: \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
State: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ - \_\_\_\_\_ (Customer service or general use preferred)

## Section III. 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, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real-estate transactions, item 2 does not apply.

For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

\_\_\_\_\_  
Signature: (For electronic submissions, type name or insert electronic signature) Date: \_\_\_\_\_