

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

Please complete this form for Tax Year 2011 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: _____

Vendor Information continued

Section IV. Information Relative to Contracts and Purchasing: Please complete this page if a purpose or mission statement is required, a bid or contract is desired, or if a detailed description of the goods or services provided is necessary. Each field has unlimited space available. If necessary, documentation can exceed this page. **This information is not required as a part of the W-9 for Tax withholding.**

Vendor Purpose or Mission Statement:

Bid or Contract Information:

Detailed Description of Goods or Services:

Comments or Notations: