



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (W-9)

The City of Meridian is required by law to obtain the correct Taxpayer Identification Number (TIN) for each individual and/or company to whom we make payments. Our files indicate that we either have an open contract with you or your company or have made payments to you within the last year. Therefore to adhere to the IRS requirements for disbursements, we must obtain your correct TIN. Please remit this information with 30 days of this letter to the **City of Meridian, 33 E Broadway Ave. Meridian, ID 83642** or you may **fax it to 208-887-4813 Attn: Accounting**. If you choose you may submit a standard W-9. 0

Thank you,
The City of Meridian

Substitute Form W-9

Name (as shown on tax return): _____

DBA _____

Address: _____

Taxpayer Identification Number _____ **or**

Social Security Number _____ **(furnish only one)**

TYPE OF BUSINESS

- C- Corporation S- Corporation Individual/ Sole Proprietor Partnership
- LLC (Enter Tax Classification (C= C corporation, S= S corporation, P= partnership) _____
- Other: _____ EXEMPT PAYEE ()

PLEASE CHECK THE SPACE BELOW THAT BEST DESCRIBES THE TYPE OF TRANSACTION FOR WHICH WE MAKE PAYMENTS TO YOU. (CHECK MORE THAN ONE IF NECESSARY.) **IF YOU ARE REQUESTING PAYMENT OF RENTS, MEDICAL OR MISC. SERVICES, PLEASE BE ADVISED THAT PAYMENT MUST BE UNDER THE NAME AND SOCIAL SECURITY NUMBER OR TIN OF THE PERSON OR COMPANY WHO SHOULD REPORT THIS TO THE IRS. PLEASE BE SURE THE SS# OR TIN# WILL IDENTIFY THE NAME GIVEN.**

- Merchandise Rents Service Medical Other: _____

IF YOU HAVE OR WILL PROVIDE ON-SITE SERVICE FOR ANY DEPARTMENT WITHIN THE CITY OF MERIDIAN, PLEASE PROVIDE A "CERTIFICATE OF INSURANCE" FOR WORKERS COMPENSATION. IF YOUR PROVIDER IS THE IDAHO STATE INSURANCE FUND, PLEASE PROVIDE A COPY OF THE POLICY.

Do You Carry Workers Compensation Insurance Yes No

Certification: Under penalties of perjury, I certify that this statement is true:
1. The number provided above is my correct Taxpayer Identification Number
2. I am NOT subject to backup withholding, and
3. I am a U.S. Citizen or other U.S. person

Signature _____ **Date** _____

Print Name _____ **Title** _____