

**TAXPAYER IDENTIFICATION NUMBER REQUEST**

**Form W-9** (Whatcom County substitute version)

Supplier's Complete Name \_\_\_\_\_

Remittance Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

INSTRUCTIONS: Complete Part I by filling in the row of boxes that corresponds to your tax status. Complete Part 2 if you are exempt from Form 1099 reporting. Complete Part 3 to sign and date the form, and return the **Whatcom Co Administrative Services, 311Grand Ave., Suite 503, Bellingham WA 98225** by mail or fax to (360) 738-4553 as soon as possible.

**PART 1 TAX STATUS:** (Complete *one row of boxes only*)

**Individual:**

Name	Social Security Number
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**Sole Proprietor:** (A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner)

Business Owner's Name	Business Owner's Social Security or Fed ID #	Business or Trade Name
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**Partnership:**

(A partnership may have a "doing business as" trade name, but the legal name is the list of names of the partners)

Name of Partnership	Employer Identification Number	Partnership's Legal Name (Name of first person)
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**Corporation, exempt charity or other entity:**

(A corporation may use an abbreviated name or its initials, but its legal name is on the articles of incorporation)

Name of Corporation or entity	Employer Identification Number
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**PART 2 -** If exempt from Form 1099 reporting check here  and circle your qualifying exemption reason below:

1. Corporation
2. Tax Exempt Charity----- under (a), or IRA
3. The United States or any of its agencies or instrumentality's
4. A State, the District of Columbia, a possession of the United States or any of their political subdivisions
5. A foreign government or any of its political subdivisions

**PART 3 CERTIFICATION:**

*I certify under penalty of perjury that the Tax Identification Number I have provided is correct.*

Person Completing Form (print name) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. (9/26/96)**

<b>Authorized Whatcom County Employee Requesting This Information</b>	
Name _____	Date _____