

**CLERK OF THE CIRCUIT COURT AND COMPTROLLER LEON COUNTY
SUBSTITUTE FORM W-9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

MAIL COMPLETED FORM AND DOCUMENTS TO:

CLERK OF CIRCUIT COURT & COMPTROLLER LEON COUNTY 301 S. Monroe Street #100 Tallahassee FL32301

PLEASE REFER TO FORM W9 INSTRUCTIONS FOR MORE INFORMATION

DO NOT SEND TO
IRS - SUBMIT
FORM TO
REQUESTING
AGENCY

FCD 04/2016

PART I: VENDOR INFORMATION

1. Legal Business Name: (As it appears on the IRS Income Tax return IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028)	2. If you use a DBA/Trade Name, please list below:
3. Entity Type (Check only one),	
Individual / Sole Proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate	Government (Local, State, Federal) Tax-Exempt organization under IRC Section 501 C _____ Limited liability company. Enter tax classification (C=Corporation, S=S corporation, P=partnership)
4. 1099 Reporting: Services provided to the Board of County Commissioners Leon County by vendor, if not applicable skip:	
Health care or medical service Legal or attorney services Rental of Real Property	Royalties Other _____

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)		
2. Taxpayer Identification Type (check appropriate box):		
Employer ID No. (EIN)	Social Security No. (SSN)	N/A (Non United States Business Entity)

PART III: ADDRESS

1. Address:	2. Remittance Address, IF DIFFERENT:
Address Line #1	Address Line #1
Address Line #2	Address Line #2
Address Line #3	Address Line #3
City State Zip + 4 Code	City State Zip + 4 Code

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), **AND**
- 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**
- I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name	Printed Title	Telephone Number
Signature	Email	Date (mm/dd/yyyy)

PART V: DIRECT DEPOSIT (ACH) This is the County's preferred payment method

Warning: The Board of County Commissioners Leon County will not process International ACH Transactions (IAT). If any payment to you from the County will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments	Type of Account	Checking	Savings
I acknowledge the IAT warning and authorize the Board of County Commissioners Leon County to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.			
Signature	Printed Name		

PART VI: OFFICE USE ONLY

OFFICIAL / POC USE ONLY BUSINESS UNIT DATE (mm/dd/yyyy) PHONE NO. POC (Print name) POC Initials	CLERK OF COURT FINANCE DEPARTMENT USE ONLY
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Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from the Board of County Commissioners Leon County for goods and services. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, the Board of County Commissioners Leon County is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow the Board of County Commissioners Leon County to confirm that our records contain the official name of your business, the Tax Identification Number (TIN) that the IRS has on file for your business and business type.

Check the appropriate box(s) that this form is to be utilized and fill in the corresponding section(s) indicated next to the box(s) checked.

PART I: VENDOR INFORMATION

1. **Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration.
2. **DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (doing business as) name. All Others: Complete only if business name is different than Legal Name.
3. **Entity Type** Check ONE box which describes business entity.
4. **1099 Reporting** Check the appropriate box that applies to the type of services being provided to the Board of County Commissioners Leon County. If the type of service is not specifically stated, then leave blank.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. **Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
 - a. TIN is always a 9-digit number. Provide the Social Security Number (SSN) assigned by the Social Security Administration (SSA) or the Federal Employer Identification Number (FEIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
2. **TIN Identification Type** Mark the appropriate box for the TIN provided above.

PART III: ADDRESS

1. **Address** Where correspondence, payment(s), purchase order(s) or 1099s should be sent.
2. **Remittance Address** If different than Address
3. **Zip Code and Phone Number** The 5 + 4 code will be required to be entered for all zip codes. If the last 4 digits are unknown, then 4 zeros (0) can be entered. Do not enter the "-" as part of the zip code. When entering the phone number, only enter the 10 digit number. Do not enter the "()" or "-" as part of the phone number.

PART IV: CERTIFICATION

By signing this document you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the government official for which the vendor account is established.

Identifying information is required of the person signing the form.

PART V: DIRECT DEPOSIT (ACH) We request that you elect to receive payments from the Board of County Commissioners Leon County through Automated Clearing House (ACH) direct deposit. Please provide a copy of a voided check or letter from financial institution with the banking information. Without one of the two items, ACH information WILL NOT be entered and you will need to resend the requested documents. Select the type of account being provided.

I Acknowledge Print name and sign to acknowledge the IAT warning and to authorize the Board of County Commissioners Leon County to initiate direct deposit of funds to your financial institution provided.

Privacy Act Notice Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN to persons who must file information returns with the Internal Revenue Service.