

Vendor Information / W-9 Form

This form will be used as a substitute to the IRS W-9 Form - Request for Taxpayer Identification Number and Certification. This form must be sent and returned completed by all vendors before they are added to the Master Vendor File. Payments will be withheld if the form is not complete.

AS APPROPRIATE PLEASE TYPE OR PRINT CLEARLY

Business Information						
Company Name	AP use only Vendor #					
Last name, First name				venuor #		
Physical Bus Add Line 1						
Physical Bus Add Line 2						
City		State	Zip			
Phone and Ext #		Fax #				
Main Contact Name						
Main Contact Phone # and Ext #		Main Contact Cell #				
Main Contact Email Address	Website Address					
W-9 Information						
Dear Vendor/Independent Contractor:						
The Internal Revenue Service requires that we prepare 1099 forms to report all appropriate payments. For this purpose, we must have your Employer Identification Number (EIN) or your Social Security Number (SSN) as indicated below.						
Although you may not be subject to backup withholding, you must still provide us with your correct Taxpayer ID number for information reporting purposes (Form 1099). Failure to comply could result in a \$50.00 penalty being assessed by the Internal Revenue Service and our being required to withhold 30% from payments to you.						
Type of Business (please check one):	☐ Service, ☐	Retailer or Wholesaler, Other:				
Federal Tax ID		SIC Code				
Proprietor Name						
Use Sole Proprietor Name for 1099s	☐ Yes ☐ No	Include 1099 Print	ng 🛭 Yes 🔲 No			
Please Check One						
Sole Proprietor or Individual	Partnership	Corporation, Exempt Charity or if Other Entity				
			<u>Please check one bel</u>	<u>ow</u>		
		Corporation (except below)				
	Attorney CorporationMedical Corporation					
	☐ Limited Liability Company					
		☐ Government Agency				
			Other; please specify:	:		

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Payment and Remittance Information					
Make Checks Payable To					
Address Line 1					
Address Line 2					
City	State	State Zip			
Billing or Accounts Receivable Information					
Contact Name					
Phone # and Ext #	Fax#	Fax #			
E-mail Address					
EFT / ACH Payment Setup Information					
Would you like payment from the City electronicall Yes	Bank Account #				
If yes, please provide the following information. No	- /s .: "	- 6			
Bank Name	Trans/Routing #	Trans/Routing #			
ACH Company ID		Active Date Active Date Savings			
Additional Information					
Can you submit your invoices to the City electronically?	☐ Yes ☐ No				
If yes, please e-mail invoices to accountspayable@cityoforange.org					
What are your payment terms? (i.e. discounts)					
 Under penalty of perjury, I certify that: 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 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 All the information provided on this form is true and correct. 					
Information Filled out by:	Position:	F	Phone #:		
Signature:			Date:		

Please read important information below.

- As of January 1, 2008, the City of Orange Finance Department requires that we have the Taxpayer Identification Number for each vendor that we process a payment for before we can release the check.
- 🖀 If you have any questions regarding this matter, please do not hesitate to contact our office at (714) 744-2248 or (714) 744-2266.
- Please complete the form, sign and return to City of Orange Accounts Payable via e-mail at accountspayable@cityoforange.org or fax to (714) 744-2275 or mail to City of Orange Accounts Payable, 300 E Chapman Avenue, Orange CA 92866.

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