

Brown County, Wisconsin
Electronic Taxpayer Identification Number (TIN) Verification

Substitute W-9

Rev. January 2021

LOGOs Vendor Acct #:

The Federal Tax Equity and Fiscal Responsibility Act require that we must prepare a form 1099 for every check recipient in any calendar year. In order to assist us in fulfilling the requirements, please complete this form and return it to the address below.

PRINT or TYPE (complete instructions can be found on the reverse side of this form)

<p>Individual or Business Legal Name <i>As entered with IRS</i></p> <hr/> <p>Trade Name <i>If doing business as (D/B/A) or name of Sole Proprietorship</i></p> <hr/> <p>Primary Address <i>For return of 1099 Form</i></p> <hr/> <p>Remit to Address <i>Where checks should be sent (if different than address listed above)</i></p>	<p>Check Appropriate Boxes:</p> <p>Are you engaged in providing a medical service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you engaged in providing legal service? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of Entity/Business (check only <u>one</u>):</p> <p><input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual or Sole Proprietorship <input type="checkbox"/> Single-Member LLC (one member/owner) <input type="checkbox"/> Multi-Member LLC (two or more members/owners)</p> <p>If Multi-Member LLC, indicate <u>tax classification</u>:</p> <p><input type="checkbox"/> Treated as a C-Corporation <input type="checkbox"/> Treated as a S-Corporation <input type="checkbox"/> Treated as a Partnership</p> <p><input type="checkbox"/> Estate / Trust</p> <p><input type="checkbox"/> Organization Exempt from Tax Under section 501(a,c,d) or 403(b)(7) you must provide a copy of exempt form.</p> <p><input type="checkbox"/> Government or Government Sponsored Entities</p>
<p>Taxpayer Identification Number (TIN) (provide only one; if Sole Proprietorship provide FEIN if applicable)</p> <p style="text-align: center;">Social Security Number (SSN):</p> <p>OR</p> <p style="text-align: center;">Federal Employer Identification Number (FEIN):</p>	
<p>Certification <i>Under penalties of perjury, I certify that I have provided my correct taxpayer identification number and that I am not subject to backup withholding as specified on the reverse side of this form. The information provided in this Digital Signature form is true and correct to the best of my knowledge.</i></p> <p>Signature: _____ Phone: _____</p> <p>Title (if applicable): _____ Date: _____</p>	

Return this form to the address or fax number below:

Brown County - Administration
PO Box 23600
Green Bay, WI 54305-3600
Fax: (920) 448-4036
BCPurchasing@browncountywi.gov

Reset Form

Instructions for Completing this Substitute W-9 Form

Legal Name (as entered with the IRS)

Individuals or Sole Proprietorships: Enter Last Name, First Name, MI

All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank

Sole Proprietorship: Enter Business Name

All Others: Complete only if doing business as a D/B/A

Primary Address

Enter main address; this is also the address a 1099 form should be sent.

Remit Address

Enter address where payment should be sent ONLY if it is different from primary address.

Type of Entity/Business

Check **ONE** box which best describes your type of entity or business. If the designation is either a corporation or organization exempt from tax under Section 501(a,c,d) or 401, you must indicate if you are engaged in the business of providing medical services by checking yes or no. This does not include health insurance coverage for employees.

Taxpayer Identification Number

Provide **ONLY ONE**: Social Security Number (SSN) for individuals **OR** Federal Employer Identification Number (FEIN) for other entities or businesses.

Certification

The person signing this document should be a partner in the partnership, an officer for the corporation, the name of the individual listed or sole proprietor listed under legal name.

In signing this document you are certifying that all information provided is accurate and complete. You are also certifying that you have not been notified by the IRS that you are subject to backup withholding because:

- You are exempt from backup withholding; **OR**
- You are not subject to backup withholding as result of a failure to report all interest or dividends; **OR**
- That the IRS has notified you that you are no longer subject to such backup withholding You are a U.S. Person, including a U.S. resident alien.

Internal Revenue Service Penalties

If you fail to furnish your correct Taxpayer Identification Number (TIN), you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not willful neglect. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRS. The IRS uses the number for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.