

**CITY OF REDDING
SUBSTITUTE IRS FORM W-9**

Please Print

Date: _____

Business Name: _____

Business Address: _____

Our accounts payable records show that you have recently received or will be receiving funds from the City of Redding. Internal Revenue Service regulations require that entities which disburse funds for the purchase of goods or services acquire a Federal Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) or institute 31% withholding against disbursed funds. Please provide the information requested in the blank spaces below and return this form to the City of Redding Finance Department, Attn: Accounts Payable, P.O. Box 496071, Redding CA 96049-6071, or fax this form to Finance @ (530)225-4324 OR Purchasing @ (530) 225-4434 as soon as possible. We appreciate your cooperation in this matter.

Name of Individual or Organization under which income is reported to the IRS:

Federal Taxpayer Identification Number (TIN)/ Employer Identification Number (EIN)/Social Security Number (SSN): _____

NOTE: The Federal TIN/EIN/SSN must match the name listed for your account with the City of Redding. A mismatch between the name and TIN/EIN/SSN could result in an Internal Revenue Service directive to institute 31% withholding on your account.

Status (please check the appropriate category):

Corporation _____

Individual _____

Government Agency _____

Sole Proprietorship _____

Non-Profit Agency _____

Partnership _____

If so, are you incorporated? _____
Yes No

If you are an individual and you have provided a TIN, please also provide your SSN with your first name, middle initial and last name.

SSN: _____ Full Name: _____

Name & Title of preparer: _____
(Print name and title)

Signature of preparer: _____

Phone number: _____ Fax number: _____