SUPPLEMENT W-9 FORM
CITY OF ROUND ROCK, TEXAS
221 EAST MAIN STREET, ROUND ROCK, TEXAS 78664

Pursuant to Internal Revenue Service Regulations, we ask that you furnish the City of Round Rock with your Taxpayer Number (TIN). If this number is not provided, IRS regulations require us to subject you to a 28% withholding on each payment. To avoid this withholding and to ensure that accurate tax information is reported to the Internal Revenue Service, we would appreciate your cooperation in providing us with the information requested below. Please contact the City of Round Rock Purchasing Division at (512) 671-2861 if you have any questions or problems with this request. Thank you for your assistance in this matter.

INDIVIDUAL: List name as shown on your social security card and your social security number.

SOLE PROPRIERTORSHIP: List owner's legal name, followed by the legal business name and list the owner's social security number.

ALL OTHERS: List the legal name of your corporation, partnership, organization or other legal entity and list your Employer Identification Number.

LEGAL BUSINESS NAME: _____

Mailing Address: **Remit Address:**   ☐ Check if mailing and remit address are the same

Address _____   Address _____

City _____ State ___ Zip Code _____   City _____ State ___ Zip Code _____

Business email: _____   Website address: _____

BUSINESS ENTITY *(please check only one)*:

☐ Estate/Trust   ☐ Corporation   ☐ Public Service Corporation   ☐ Governmental/Non-profit

☐ Individual   ☐ Partnership   ☐ Sole Proprietorship   ☐ Other_____

☐ Limited Liability Company (*select tax classification below*):

    ☐ D=disregarded entity/sole proprietorship ☐ C=corporation   ☐ P=partnership

ENTER THE NINE (9) DIGIT TAXPAYER INDENTIFICATION (TIN) BELOW:

    Social Security Number: _____

    Federal Employer Identification Number: _____

UNDER PENALTIES OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, I DECLARE THAT THIS FORM HAS BEEN COMPLETED FULLY AND ACCURATELY.

    Contact Name: _____   Title: _____

    Phone Number: _____   Fax Number: _____

    Email address: _____

      SIGNATURE: _____   **DATE**:_____

THIS AREA TO BE COMPLETED BY CITY OF ROUND ROCK FINANCE DEPARTMENT:			
☐ NEW	☐ UPDATED	Assigned Vendor #: _____	Assigned By: _____
☐ W9 SENT	☐ RECEIVED	Date: _____	Approved By: _____