



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

Pursuant to Internal Revenue Service Regulations (IRS), we ask that you furnish the City of Round Rock with your Taxpayer Identification 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 IRS, we would appreciate your cooperation in providing us with the information requested below. Thank you for your assistance in this matter.

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

SOLE PROPRIETORSHIP/SINGLE MEMBER LLC: List the owner's legal name, followed by the legal business name, and list the owner's social security number/Employee Identification Number (EIN)

ALL OTHERS: List the legal name of your corporation, partnership, organization, or other legal entity.

IF INDIVIDUAL OR SOLE PROPRIETORSHIP NAME: (Last, First)	
LEGAL BUSINESS NAME:	
DOING BUSINESS AS (DBA): (if applicable)	

Remit Address:	
Mailing Address:	<input type="checkbox"/> Check if the mailing and remit addresses are the same.
Address: _____	Check Payable to: _____
City _____	Address: _____
State _____ Zip Code _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Business/Individual Email: _____	Website address: _____

BUSINESS ENTITY <i>(please check only one):</i>			
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Single Member LLC	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/Estate	<input type="checkbox"/> D-Disregarded Entity/sole proprietorship
<input type="checkbox"/> Limited Liability Company LLC (select tax classification below):			
<input type="checkbox"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> P- Partnership	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Public Service Corporation	<input type="checkbox"/> Governmental	<input type="checkbox"/> Non-Profit

ENTER THE NINE (9) DIGIT TAXPAYER IDENTIFICATION (TIN) BELOW:	
Social Security Number: (if applicable)	
Federal Employer Identification Number: (If applicable)	

CONTACT INFORMATION:

Sales Contact Name:	_____	Title:	_____
Phone Number	_____	Fax Number	_____
Email Address	_____		
Accounts Receivable Contact Name:	_____	Title:	_____
Phone Number	_____	Fax Number	_____
Email Address	_____		
Contract Contact Name:	_____	Title:	_____
Phone Number	_____	Fax Number	_____
Email Address	_____		

COMMODITY CODES: Please list any Commodity Codes that are associated your services/goods:

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:	_____		

THIS AREA TO BE COMPLETED BY CITY OF ROUND ROCK FINANCE DEPARTMENT:

<input type="checkbox"/> New	<input type="checkbox"/> Updated	Vendor # _____	Approved by _____
<input type="checkbox"/> W9 Sent	<input type="checkbox"/> W9 Received	Date: _____	Approved by _____