JOHN HAMILTON
MAYOR

CITY OF BLOOMINGTON CONTROLLER'S OFFICE

401 N Morton St
Post Office Box 100
Bloomington IN 47402

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SUBSTITUTE W-9 & BANK/EFT FORM

(red boxes are required fields)

(Complete and Save form. Email or Fax to Controller's Office)

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION: SUBSTITUTE W-9

Name (as shown on your tax return):

Business Name/DBA (if different than above):

Check appropriate box for federal tax classification:

❑ Individual/sole proprietor ❑ C Corporation ❑ S Corporation ❑ Partnership ❑ Trust/estate

❑ Limited liability company. **Enter the tax classification** (C=C corporation, S=S corporation, P=Partnership)► _____

❑ Other ► _____

Exemptions:
Exempt payee code (if any)_____
Exemption from FATCA reporting code (if any)
_____

Address (number, street, and apt. or suite no.):

City, State, and ZIP code:

Telephone number:	**Fax number:**	**Email**:

Check all that apply:

❑ State or Local Government ❑ City Employee ❑ Contractual Employee ❑ Farmer's Market Vendor ❑ Not for Profit - 501(c)

List city department(s) you are doing business with (Parks, Fire, Utilities etc.):

Select from drop down menu > > > >

Commodities or Services provided:

Primary NAICS Code:

DUNS #:

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line To avoid backup withhold. For individuals, this is your social security number (SSN). However, for a Resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions on page 3 of IRS Form W-9. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3 of IRS Form W-9

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4.

Social security number

			-			-			

Employer identification number

		-							

Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. person or other U.S. person (defined below), and
4. The FATCA codes(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3 of the IRS Form W-9.

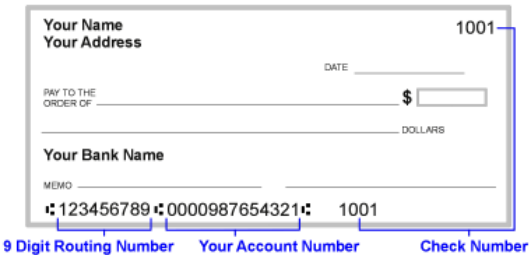
Please mail or fax this complete form as soon as possible to the Controller's Office using the contact information above.
NO PAYMENTS WILL BE SENT UNTIL THIS FORM IS RECEIVED.

SIGN HERE	Signature of U.S. person ►	Date ►

CITY OF BLOOMINGTON ELECTRONIC FUNDS TRANSFER FORM (EFT)

(Complete and Save form and attach to email)

THE CITY'S REQUIRED METHOD OF PAYMENT IS EFT
(Electronic Funds Transfer)
PLEASE COMPLETE THE SECTION BELOW TO ENROLL



EFT INFORMATION

Bank Name:	
Type of Account:	◉ Checking ○ Savings
Routing Number:	
Account Number:	
Name of Account:	
Email for Payment Notification:	

REFERENCES FOR SOLE PROPRIETORS & PARTNERSHIPS

Name:	Address:
Phone:	Email:

Name:	Address:
Phone:	Email:

Name:	Address:
Phone:	Email:

BILLING INFORMATION

Payment Remittance
Address (Mailing)
Address (Physical)
City
Person to Contact
Email
Phone

(Complete and Save form. Attach form and email to controller@bloomington.in.gov or print and fax to 812.349.3456)

Print Reset Save