VENDOR IDENTIFICATION FORM

We require the following information for our vendor file.

Provide your Federal Tax Identification Number (FTIN), which we will use as our "vendor number". Use your Social Security number if no FTIN is involved.

Please return this completed form within 30 days. -
NO PAYMENTS WILL BE SENT UNTIL THIS FORM IS RECEIVED.

Check and provide the number for only one of the following:

❑ FTIN: __ __ - __ __ __ __ __ __ __ *or* ❑ SSN: __ __ __ - __ __ - __ __ __ __

Do you accept credit cards? ❑ YES ❑ NO
If yes, what type?: ❑ VISA ❑ MASTERCARD ❑ OTHER

"Remit to" address (For Payment Only):

Vendor Name: _____ Attn: _____

Address: _____ City _____ ST _____ Zip _____

Your telephone number: (__ __ __) - __ __ __ - __ __ __ __

Your fax number: (__ __ __) - __ __ __ - __ __ __ __

Advise the commodities you supply and/or services you perform:

MLK Grant Recipient _____

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

The City of Bloomington is required to comply with federal regulations, therefore you must provide us with your Federal Tax Identification Number (FTIN) or Social Security Number (SSN) and the type of organization that you do business under. Failure to furnish your FTIN or SSN could result in a 31% withholding on future payments, and/or subject you to a $50.00 penalty imposed by the IRS.

Indicate the ownerships status of the business:

_____ Corporation _____ Partnership _____ Governmental

_____ Individual _____ Sole-Proprietor _____ Tax Exempt Org. 501(c)3

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 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.

_____ _____
Name (Printed) Title

_____ _____
Signature Date

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