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MAYOR

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

Name (as shown on your tax return):																					
Business Name (if different):																					
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:																				
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 chart on page 4 for guidelines on whose Number to enter.	Social security number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;">-</td> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;">-</td> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;"> </td> </tr> </table> Employer identification number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;"> </td> <td style="width:10%; text-align:center;">-</td> <td style="width:10%; text-align:center;"> </td> </tr> </table>			-			-							-							
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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 ► <div style="text-align: right; margin-top: 20px;">Date ►</div>
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THE CITY'S PREFERRED METHOD OF PAYMENT IS EFT. PLEASE COMPLETE 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 (PO Box)		
Address (Physical)		
City	State	Zip
Person to Contact		
Email		
Phone		