



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.

CHECK AND PROVIDE ONLY ONE OF THE FOLLOWING:

____ - _____ FTIN _____

____ - ____ - _____ 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, State, 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.

Please return this completed form within 30 days.

(NO PAYMENTS WILL BE SENT UNTIL THIS FORM IS RECEIVED.)

Indicate the ownerships status of the business:

Corporation Partnership Governmental
 Individual Sole-Proprietor Tax Exempt Org.

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