SUBSTITUTE W-9 & BANK/EFT FORM

(red boxes are required fields)

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

CITY OF BLOOMINGTON CONTROLLER'S OFFICE

401 N Morton St Post Office Box 100 Bloomington IN 47402 p 812.349.3412 f 812.349.3456 controller@bloomington.in.gov

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:					Exemptions:
□ Individual/sole proprietor □ C Corporation	Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Exempt partnership				Exempt payee code (if any)
Limited liability company. Enter the tax classification (□ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Exemption from FATCA reporting code (if any)				
□ Other ►	□ Other ►				
Address (number, street, and apt. or suite no.):					1
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 🗅 Grant Recipient					
List city department(s) you are doing business with (Parks, Fire, Utilities etc.):		Products or Services provided. Or if you are a Grant Recipient enter Grant.			
		Prima	ry NAICS Code:	DUNS #:	
Taxpayer Identification Number (TIN)			Soc	Social security number	
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 <i>How to get a TIN</i> on page 3 of IRS Form W-9			Employe	Employer identification number	
Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4.					

Certification

Under penalties of perjury, I certify that:

- 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 1.
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 2. 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
- I am a U.S. person or other U.S. person (defined below), and 3.
- 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 ►
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MAYOR

Kerry Thomson



CITY OF BLOOMINGTON ELECTRONIC FUNDS TRANSFER FORM (EFT)

(Complete and Save form and attach to email) Email completed forms to: <u>controller@bloomington.in.gov</u> Call 812-349-3412 if you have any questions.

THE CITY'S PREFERRED METHOD OF VENDOR PAYMENT IS ELECTRONIC FUNDS TRANSFER (EFT) DIRECTLY TO THE VENDOR'S BANK. NO PAPER CHECKS WILL BE ISSUED WITHOUT THE APPROVAL OF THE CONTROLLER.

Your Name Your Address		100
	DATE	
PAY TO THE ORDER OF		\$
		DOLLARS
Your Bank Name		
MEMO		
	0987654321 1001	

PLEASE COMPLETE THE SECTION BELOW TO ENROLL

BANK INFORMATION FOR EFT TRANSFER

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

LIST BUSINESS REFERENCES FOR SOLE PROPRIETORS & PARTNERSHIPS

Name:		Address:			
Phone:		Email:			
		•			
Name:		Address:			
Phone:		Email:			
Name:		Address:			
Phone:		Email:			
	HOW TO COMPLETE THE W-9 SUBSTITUTE F	ORM	IF the entity/person on line 1 is a(n)	THEN check the box for	
1	Enter your name or business name as shown on your tax returns.		Corporation	Corporation	
 Enter your name of business name as shown on your tax returns. If you are doing business under a different name (DBA) enter this name in the second box. Enter your tax classification. See the chart to the right for clarification. Choose your exemptions if applicable. Enter the street address for your home or business. 			Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single- member LLC	
 Enter the corresponding city, state, zip code, phone/fax and email addre Enter the City Department who requested you complete this form. Use the drop-down arrow to select from a menu of city departments. Enter the service or product you are providing to the City. Enter GRANT if you are receiving a grant. Enter the tax identification number your taxes are filed under. This will be either a Social Security number, or Employer/Tax Identification number. Sign and date the form. Completed the EFT Form. 		iis form. Use the ts. Enter GRANT der. This will be	 LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form B832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. 	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)	
			Partnership	Partnership	
	c. Return both forms to the email address shown below	Trust/estate	Trust/estate		

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