



**Kerry Thomson**  
**MAYOR**

CITY OF BLOOMINGTON CONTROLLER'S OFFICE  
401 N Morton St  
Post Office Box 100, Blgtn, IN 47402

**SUBSTITUTE W-9 & BANK/EFT FORM**

(red boxes are required fields)

(Complete, Save, and Email or Fax form to the City of Bloomington staff-member you are working with)

Please contact our office if you need assistance completing the form or have any questions: [controller@bloomington.in.gov](mailto:controller@bloomington.in.gov) or 812.349.3412

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

Name of entity/individual. For a sole-proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on the line 2:

Business Name/DBA/Disregarded Entity Name here, if different from above:

Check appropriate box for federal tax classification: Check only **one** of the following boxes.

Individual/Sole Proprietor C corporation S corporation Partnership Trust/Estate

LLCs: **Enter tax classification of LLC:** C corporation S corporation Partnership Single Member

**Note:** Check the "LLC" box above, then click the box for the appropriate code (C, S, P, SM) for the tax classification of the LLC, **unless it is a disregarded entity. A disregarded entity should check the box of for the tax classification of its owner.**

Other (see instructions) Example: 501(c)(3), 501(c)(4), 501(c)(6)

If you checked one of these boxes above: Partnership, Trust/estate, or LLC as Partnership as the tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, then check this box if you have any foreign partners, owners, or beneficiaries.

Exemptions (codes apply only to certain entities, not individuals;

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts outside the United States.)

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

City, State, and ZIP code:

Telephone number:

Fax number:

Email:

Check only 1 if you are

**not** a vendor or contractor: ☐ Government ☐ City Employee ☐ Contractual ☐ Farmer's Market ☐ Grant Recipient ☐ Entertainment

List city department(s) you are doing business with (Parks, Fire, Utilities etc.): Click the drop-down arrow

Products or Services provided. Or if you are a Grant Recipient enter Grant.

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 withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part 1 instructions 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

**Social security number**

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**Employer identification number**

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**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give The Requester* for guidelines on whose number to enter.

**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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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 II of the IRS Form W-9.

**NO PAYMENTS WILL BE ISSUED UNTIL A COMPLETED FORM HAS BEEN 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)

Email completed forms to: **the City of Bloomington Staff Member you are working with.** 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.**

**PLEASE COMPLETE THE SECTION BELOW TO ENROLL**

## **BANK INFORMATION FOR EFT TRANSFER**

Bank Name:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> 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 FORM**

1. Enter your name or business name as shown on your tax returns.
2. If you are doing business under a different name (DBA) enter this name in the second box.
3. Enter your tax classification. See the chart to the right for clarification.
4. Choose your exemptions if applicable.
5. Enter the street address for your home or business.
6. Enter the corresponding city, state, zip code, phone/fax and email address.
7. Enter the City Department who requested you complete this form. Use the drop-down arrow to select from a menu of city departments.
8. Enter the service or product you are providing to the City. Enter GRANT if you are receiving a grant.
9. Enter the tax identification number your taxes are filed under. This will be either a Social Security number, or Employer/Tax Identification number.
  - a. Sign and date the form.
  - b. Completed the EFT Form.
  - c. Return **both forms** to the email address shown below.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 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.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Please complete and save the form, and **email it directly** to the City staff member who requested this information.