

Substitute **W-9**

**PRINT OR TYPE**

Please see instructions.

# REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (TIN) & CERTIFICATION

Walworth County

**DO NOT send to IRS**

**LEGAL NAME** (As entered with IRS)

If Sole Proprietorship enter your Last, First, MI as exactly stated on your SS card.

**TRADE NAME**

If doing business as (D/B/A) or business name of Sole Proprietorship

**ENTITY DESIGNATION (Check ONE Only)**

- INDIVIDUAL / SOLE PROPRIETOR
- C=C CORPORATION  S=S CORPORATION
- LIMITED LIABILITY COMPANY  
Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) \_\_\_\_\_
- TAX EXEMPT OR GOVT-OWNED HOSPITAL
- TAX EXEMPT OR GOVT-OWNED LONG-TERM CARE FACILITY
- ALL OTHER ENTITIES

**EXEMPTIONS (see instructions):**

Exempt payee code (if any) \_\_\_\_\_

Exempt from FATCA reporting code (if any) \_\_\_\_\_

**PRIMARY ADDRESS (For return of 1099 Form)**

PO Box or number and street

City, State, Zip + 4

**ORDER ADDRESS (Where order should be sent if different from primary)**

PO Box or number and street

City, State, Zip + 4

**REMIT ADDRESS (Where check should be sent if different from primary)**

PO Box or number and street

City, State, Zip + 4

**Type of Service Provided (legal, repairs, consulting, etc.)**

**TAXPAYER IDENTIFICATION NUMBER (TIN) (Please include**

hyphens) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in notices to the requestor. The TIN provided must match the name given on the "Name" line to avoid backup withholding.

**CHECK ONLY ONE**

Social Security Number (SSN)

Employer Identification Number (EIN)

Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

**CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, **AND**
2. I am not subject to 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.
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**IF YOU HAVE QUESTIONS:**

**CONTACT:**

Walworth County Finance Dept.

**Phone Number:** 262-741-4333

**Fax Number:** 262-741-4384

**FOR AGENCY USE ONLY**

Vendor ID

1099 YES NO

Vendor YES NO

Printed Name

Signature

Title

Phone

Date

**Return this form to: Walworth County Finance Department,  
PO Box 1001, Elkhorn WI 53121 Fax 262-741-4384**