



City of Stuart

Financial Services Department
121 SW Flagler Avenue
Stuart, FL 34994-2172
Tel: 772-288-5314 Fax: 772-600-1230

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER
SUBMIT WITH IRS FORM W-9

Dear Vendor:

Federal Income Tax Law requires a Form 1099 with a valid taxpayer identification number to be filed for payments made in the course of conducting a trade or business.

Please read this form and complete the information thereon before signing and returning with a copy of your IRS W9 Form. If you are a corporation, we will not issue you a Form 1099 (Reference: 1.6401-3(c)).

In order to avoid the possibility of future payments being held subject to Backup Withholding at a rate of 31%, please complete the form printed below and return this letter to the above address or E-mail request to: CityAccountsPayable@ci.stuart.fl.us

VENDOR NAME

DBA:

CORPORATE ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: () FAX: () ALTERNATE PHONE: ()

COMPANY CONTACT NAME: EMAIL ADDRESS:

TYPE OF CERTIFICATION

- 1. MBE 3. SBA 5. DVBE
2. MWBE 4. SDB 6. Other:

THE ABOVE INFORMATION WILL BE USED FOR PURCHASE ORDERS

REMIT TO ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: () FAX: () ALTERNATE PHONE: ()

COMPANY CONTACT NAME: EMAIL ADDRESS:

TYPE OF ORGANIZATION

- 1. Corporation 3. Sole Proprietor 5. Government Agency
2. Partnership 4. Individual 6. Other:

1099 REPORTING STATUS (Check One): Yes No

TAXPAYER IDENTIFICATION NUMBER:

Employer Identification Number: -

Print name of Taxpayer if using SS#:

Under penalties of perjury, I certify that this statement is accurate and complete.

Signature: Title:

Date: Phone: ()