



**THE CITY OF NEW YORK - PAYEE INFORMATION PORTAL (PIP)
SUBSTITUTE FORM W-9: REQUEST FOR
TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

*DO NOT SUBMIT FORM TO
IRS - SUBMIT FORM TO
REQUESTING AGENCY*

10/08 Revision

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

FOR OFFICIAL USE ONLY: VENDOR/CUSTOMER CODE

Part I: Vendor Information

1. Legal Business Name:(As it appears on IRS EIN records, CP575, 147C
-or- Social Security Admin records, Social Security Card, certified Form SSA7028)

2. If you use DBA, please list below:

3. Entity Type (Check one only):
- | | | | | | | | |
|---|--|---|--|--|---|---|--------------------------------|
| <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Corporation / LLC | <input type="checkbox"/> Church or Church-Controlled Organization | <input type="checkbox"/> Government | <input type="checkbox"/> City of New York Employee | <input type="checkbox"/> Personal Service Corporation | <input type="checkbox"/> Individual / Sole Proprietor | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Partnership / LLC | <input type="checkbox"/> Single Member LLC (Individual) | <input type="checkbox"/> Resident/Non-Resident Alien | <input type="checkbox"/> Non-United States Business Entity | <input type="checkbox"/> Estate | | |

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: *(DO NOT USE DASHES)*

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2. Taxpayer Identification Type (check appropriate box):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Employer ID No. (EIN) | <input type="checkbox"/> Social Security No. (SSN) | <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) | <input type="checkbox"/> N/A (Non-United States Business Entity) |
|--|--|--|--|

Part III: Primary 1099 Vendor & Remittance Address

1. Primary 1099 Vendor Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

Exempt from Backup Withholding

Part V: Certification

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature	Phone Number	Date
Print Preparer's Name	Phone Number	

Contact's E-Mail Address: _____

**PLEASE FAX TO: (212) 815-8555 OR
MAIL TO: CITY OF NEW YORK, OFFICE OF THE COMPTROLLER BOA, PIP/VENDOR VALIDATION UNIT, 1 CENTRE STREET, NY NY 10007
SUBSTITUTE FORM W9 MUST BE SUBMITTED ALONG WITH APPLICATION FOR PIP ACTIVATION**