



Substitute Form W-9 New Vendor/Update Vendor Request

All fields displaying an asterisk (*) and in bold MUST be completed.

***Legal Name:** _____
Must match TIN Name

***Business Name:** _____

*TAXPAYER IDENTIFICATION NUMBER
Federal ID Number
OR Social Security Number

***Mailing Address**

***Payment/Remittance Address**

***Address Line 1:** _____

***Address Line 1:** _____

***Address Line 2:** _____

***Address Line 2:** _____

***City/State/Zip:** _____

***City/State/Zip:** _____

***Phone:** _____

***Phone:** _____

***Fax:** _____

***Fax:** _____

***Contact Name:** _____

***Contact Name:** _____

Email: _____

Email: _____

***Type of Business – Check One**

Individual/Sole Proprietor
or Single Member LLC

Partnership
or LLC as Partnership

C or S Corporation
or LLC as Corporation

Non Profit Organization
 Government entity

Business Classification – Check all that apply

Small Business (Fewer than 300 employees OR Less than \$3 Million in gross receipts)

Minority Owned Business (check appropriate sub-category below)

African American

Asian American

Native American

Hispanic

Pacific Islander

Relationship

Are you an employee, student employee, or retired employee of CCGA or the USG? Yes No

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 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**
3. I am a U.S. person (including a U.S. resident alien).

***Authorized Signature:** _____

***DATE:** _____

CCGA OFFICE USE ONLY: Vendor Number: _____

Date: _____

Initials: _____