

CITY OF GALESBURG

Finance Department

Operating Under Council - Manager Government Since 1957

THIS FORM IS BASED ON IRS REQUIRMENTS FOR THE SAME ESSENTIAL INFORMATION AS A W-9

RETURN TO: CITY OF GALESBURG
ATTN: A/P
55 W TOMPKINS STREET
GALESBURG, IL 61401

OR FAX TO: 309/343-4765

The following information is needed to complete your vendor file and to comply with IRS requirements. Please fill out this form as completely as possible to ensure proper payment to you. Please return completed form as soon as possible to the City of Galesburg at the above address or fax number. Please call 309/345-3674 with any questions.

Business Name: _____

Individual Name: _____
(for Sole Proprietors as appears on Social Security Card)

Business Address: _____

City, State and Zip _____

Your Taxpayer Identification Number: _____
(FEIN or business tax ID. No.)

Or, your Social Security Number: _____
If using SSN, enter the name on the card above as Individual Name.)

Please Check Appropriate Box:

Individual/Sole Proprietor Corporation Partnership Other _____

Your Company Provides:

Legal Services Services Materials Other _____

Are you subject to Backup Withholding?

Yes No

PERSON TO CONTACT: _____

PHONE NUMBER: _____

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS CORRECT AND COMPLETE.

Signature

Date

Title