



**Financial Services Department**  
121 SW Flagler Avenue  
Stuart, Florida 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. Further, these payments may be subject to Backup Federal Income Tax Withholding for all payees who have not submitted a correct Federal Tax Identification Number at the time of payment.

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)). However, kindly return this form to document your corporate status.

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](mailto: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
- 2.  MWBE
- 3.  SBA
- 4.  SDB
- 5.  DVBE
- 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
- 2.  Partnership
- 3.  Sole Proprietor
- 4.  Individual
- 5.  Government Agency
- 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: (\_\_\_\_) \_\_\_\_\_