



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 providing a service, please provide a Certificate of Insurance with the City of Stuart listed as the additional insured and certificate holder.** For insurance requirements please visit our website at www.cityofstuart.us.

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: purchasing@ci.stuart.fl.us

VENDOR NAME _____

DBA: _____

CORPORATE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: (____) _____ **FAX:** (____) _____ **ALTERNATE PHONE:** (____) _____

COMPANY CONTACT NAME: _____ **EMAIL ADDRESS:** _____

TYPE OF CERTIFICATION

“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: (____) _____