



Substitute Form W-9 / Supplier Registration

**This is a fillable PDF form. You can enter the appropriate information, save the changes and download this document to your computer. When completed, e-mail to: austerladed@cityrm.org.*

I. Business Name

Name _____ Taxpayer ID (EIN or SSN) _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Electronic Remittance email _____

Web address or URL _____

Other W-9 forms and substitutions are not accepted.

II. Contact Names

Grant Application Contact:

Email _____ Telephone _____

Accounts Payable Contact:

Email _____ Telephone _____

Remit Address _____

City _____ State _____ Zip Code _____

III. Type of Organization

Telephone _____ Fax _____

Telephone _____ Fax _____

IV. Tax Reporting

Rent
Healthcare
Non-Employee Comp
Proceeds to Attorney
Other

Office Use Only

New _____ Existing _____

Entered By _____

Date _____

V. Electronic Payment

The information below is required in order to receive payment electronically

Bank Name _____ Remittance E-Mail _____

Account Number _____

Routing Number _____

VI. Vendor Certification

This information is collected for reporting purposes only and not vendor selection.

Minority-Owned Business (MBE)
Woman Owned Business (WBE)
Business Enterprise Program (BEP)
Small Disadvantaged Businesses (SDB)
Rolling Meadows Local Business

Please check any of the following that applies to the ownership of your firm.

Veteran-Owned Business Enterprise (VPE)
Service-Disabled Veteran-Owned Business Enterprise (SDVBE)
Veteran-Owned Small Business (VOSB)
Persons with Disabilities Owned Business Enterprise (PDBE)
N/A - These categories do not apply to my business

For each box checked, a copy of the certification is required.

I certify by completion of this form that:

1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding due to failure to report interest and dividend income.
3. I am a U.S. person.

By providing bank and account information and signing this form, I/we authorize the City of Rolling Meadows and the financial institution identified to deposit all payments due automatically, in accordance with agreed upon payment terms. This authority will remain in effect until I/we notify the City of Rolling MEadows in writing of its cancellation. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____

Date _____

Substitute Form W-9 / Supplier Registration Instructions

Section I Business Name

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return. Any "doing business as" should be entered after the name on the same line.

Section II Contact Names

Purchase Order Contact should be organization's Sales Department contact information.

Accounts Payable Contact should be organization's Account Receivable Department contact information.

Section III Type of Organization

IF the entity/person on line 1 is a(n) . . .	THEN enter . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner, but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited Liability Company
• Partnership	Partnership
• Trust/Estate	Trust/Estate

Section IV Tax Reporting

Rent - Machine and real estate rentals (office space)

Healthcare - Physician or other supplier or provider of medical or health care services

Non-Employee - Professional service fees, such as fees to accountants, architects, contractors, engineers, etc.

Proceeds to Attorney - Professional service fees paid to attorneys (including corporations)

Section V Electronic Payment Information

John Q. Smith
55 Maple Street 555-1234
Home town

99999

PAY TO THE ORDER OF \$

DOLLARS

FOR

⑆ 23456789⑆ 09876543210123⑆ 99999

Bank Routing Number Checking Account Number Check Number

Section VI Vendor Certification - Definitions

Eligible Veteran: Eligible Veterans means a person who (i) has been either a member of the armed forces of the United States or, while a citizen of the United States, was a member of the armed forces of allies of the United States in time of hostilities with a foreign country and (ii) has served under one or more of the following conditions: (a) the veteran served a total of at least 6 months; (b) the veteran served for the duration of hostilities regardless of the length of the engagement; (c) the veteran was discharged on the basis of hardship; or (d) the veteran was released from active duty because of a service-connected disability and was discharged under honorable conditions.

Armed Forces: Armed forces of the United States means the United States Army, Navy, Air Force, Marine Corps, Coast Guard or service in active duty as defined under 38 U.S.C. Section 101. Service in the Merchant Marine that constitutes active duty under Section 401 of Federal Public Act 95-202 shall also be considered service in the armed forces for purposes of this Division.

Service-Disabled Veteran: Service-Disabled Veteran means an Eligible Veteran who has been found to have 10 percent or more service-connected disability by the United States of Veterans Affairs or the United States Department of Defense.

Disability or Disabled: Disability or Disabled means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.