SUBSTITUTE FOR FORM W-9
REQUEST FOR TAXPAYER ID NUMBER AND CERTIFICATION

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the County of Brunswick. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

OWNER'S NAME _____

Note: If you are a sole proprietor the above line must be completed with your name as shown on your SOCIAL SECURITY CARD.

LEGAL BUSINESS NAME _____

Note: If you are a sole proprietor your legal business name should be your "doing business as" or "trading as" name.

_____

Mailing Address City State&Zip

Phone: _____ Fax: _____

Email address :_____

Business Type (check one)	**Business Activity** (check one)
□ Corporation □ Government Agency □ Partnership □ Trust or Estate □ Sole Proprietorship/Individual □ Tax Exempt or Non-Profit Organization	□ Services Only □ Legal Services □ Merchandise (goods only) □ Medical/Health Care □ Merchandise & Services □ Real Estate Rent/Lease

CERTIFICATION: Under penalties of perjury, I certify that:

1. The legal name and number shown on this confirmation letter is my correct legal name and taxpayer identification number (or I am waiting for a number to be issued to me), 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 that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

FEDERAL TAX IDENTIFICATION NUMBER **OR** **SOCIAL SECURITY NUMBER**

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NOTE: If you are a sole proprietor you may use either your SSN or FIN, as your Taxpayer Identification Number. If you are a corporation, partnership, government entity, trust or estate, tax exempt or non-profit organization you must provide a FIN as your Taxpayer Identification Number.

_____

Authorized Signature Printed Name Date

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PROOF OF INSURANCE (required for all non-incorporated vendors only)

____is attached _____will be sent within 10 days

If you do not have general liability and/or workers compensation insurance please explain: _____

PLEASE RETURN FORM TO: County of Brunswick, Finance Department FAX: 434-848-0918
228 N Main St Ste 101, Lawrenceville VA 23868