



Kristen M. Scalise CPA, CFE, Summit County Fiscal Officer

175 S. Main St., Accounting Room 406, Akron, OH 44308

SUBSTITUTE FORM W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

This Area for Summit County Use ONLY

County Department Doing Business with the Vendor:	Department Contact/Employee Name:	Phone # :	Assigned Vendor Number
Summit DD	Beth Loeffler	631-8810	

Please PRINT or TYPE all information

Full Legal Name (as it appears on your tax records): _____ **Failure to return a completed form will subject you to backup withholding and/or penalties..**

Street Address: _____ **Payee Type**
Place X in Appropriate box

Street Address: _____ **Individual/Sole Proprietor** If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

City, State, Zip: _____ **Disregarded Entity** (Individual with Employer ID for TIN)

PRINT CHECK DELIVERY NAME OR ADDRESS, IF DIFFERENT FROM INFO ABOVE

Name If DBA _____ **Corporation**

Street Address: _____ **Partnership**

Street Address: _____ **Limited Liability Company (LLC)** (Please select type below)

City, State, Zip: _____ **Corporation**

If an individual, **Social Security Number** _____ **Partnership**

If Company, **Employer Tax Identification Number** _____ **Disregarded Entity**

Certification: The number shown on this form is my/our correct taxpayer identification number. **Sole Proprietor**

Signature of owner of Social Security Number or Authorized Corp/Partner Signature Only _____ **Other**

Print Name and Title Please Print Legibly _____ **Description of Business**
Place X in Appropriate Box

Date signed _____ **Medical Provider (1099)**

Phone _____ **Legal Provider (1099)**

Fax _____ **Service Provider (If indiv., 1099)**

Type: _____ **Goods/Material Provider (If indiv., 1099)**

Landlord/ Property Owner (1099)

Reimbursement

Other : _____

You have received this correspondence because Summit County has done business with you or will. Please provide your Taxpayer Identification Number (TIN), which is your Employer Identification Number (EIN) or your Social Security Number (SSN). The Payee Type and description will assist us in determining if the payments we make to you are subject to IRS tax reporting requirements. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

The information collected on this form will be used solely to update our administrative records.

If you have any question, please call us in Accounting at (330) 643-2672. Thank you.

You will receive no payments until we have received a completed, signed form via mail or fax at the above address or at Fax Number (330) 634-8813