



VENDOR REGISTRATION / W-9 FORM

Federal Taxpayer Identification Number (FIN):

Grid for Federal Taxpayer Identification Number (FIN)

OR Social Security Number: (IF INDIVIDUAL OR SOLE PROPRIETORSHIP)

Grid for Social Security Number

CERTIFICATION Under penalties of I certify that

PRINT HERE: _____

- (1) The number shown on this form for a number to be issued to me), and NAME OF BUSINESS OR OWNER, IF SOLE PROPRIETOR/INDIVIDUALLY OWNED
(2) I am not subject to backup withhold,ng because or (b) I tl(we not been notified by the Internal Revenue Service (IRS) that I am subject to back) as a result of a failure to all interest or me that I am no longer subject 10 backup Withholding, and
(3) I am a person (including a U.S alien)

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return, For real estate transactions, Item 2 does not apply. For mortgage Interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

SIGN HERE: _____

DATE: _____

****VENDOR REGISTRATION FORM****

INSTRUCTIONS: Please mark all that apply to you or your company.

- Sole Proprietor/Individual Owned [] Medical Provider [] New Vendor []
Partnership [] Corporation [] One-Time Vendor []
Limited Liability Company (LLC) [] Non-Profit (Per IRS 501C3 Regs) [] Address Change []
Lawyer/Attorney [] Government [] Federal Tax ID No Change []

Sales Address: Individual Name if Sole Proprietorship, Company Name, Contact Person, Street or P.O. Box, Email Address, City, State, Zip, Telephone Number, Fax Number

Bid Address: (if different) Individual Name if Sole Proprietorship, Company Name, Contact Person, Street or P.O. Box, Email Address, City, State, Zip, Telephone Number, Fax Number

Payment Address: Individual Name if Sole Proprietorship, Company Name, Contact Person, Street or P.O. Box, Email Address, City, State, Zip, Telephone Number, Fax Number

I certify that the information supplied herein is correct and that neither the applicant nor any person (or concern) in any connection with the applicant as a principal or officer is now debarred or otherwise declared ineligible by an public agency for bidding or furnishing materials, supplies or services, to any other public agency thereof. NOTE: The City Charter prohibits employees of the City from having direct or indirect interest in City Pricing Agreements/Contracts.

Return to:

City Clerk
(405) 354-1895
PO Box 850500
Yukon, OK 73084

Signature of Person Authorized to Sign

Date

Print Name

Title