

SUBSTITUTE W9/VENDOR UPDATE FORM
PLEASE PRINT OR TYPE EXCEPT FOR SIGNATURE)

BOX A

Are you/ your business:

yes no

Individual [I]

or
Sole Proprietorship [S]

If you answered yes to either item, please provide your **Social Security** number.

Complete the name and address below;

Last Name:

First Name:

_____ MI _____

Doing business as:

Address:

Address:

City:

State:

Zip:

BOX B

Is your Business:

yes no

Corporation [C]

Partnership [P]

Estate or Trust [E]

Government [G]

Public Service Corp [U]

Other [O]

Please Explain _____

please provide us with your

Federal Employer Identification number:

Complete the Name and Address below:

Firm:

Doing Business as:

Address:

Address:

City:

State:

Zip:

CERTIFICATION

Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct 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 (IRS) that I am subject to backup as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Signature: _____

Date: _____

COUNTY: MILLS SWCD
PO Box 190, Malvern, IA 51551

Reason Select Item