

Form W-9 Taxpayer Identification Number Request

To: _____ Account Number: _____

The City of Henderson is required by law to obtain the following information from you when making a reportable payment to you or your company. If you do not provide this information, your payments may be subject to 28% federal income tax backup withholding. You may also be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the City of Henderson is required to withhold 30% of its payment to you (29% after December 31, 2003). Backup withholding is not a failure to pay You/your Company; it is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

Use this form only if you are a U.S. person (including resident alien). If you are a foreign person, use the appropriate form W-8. If you were a nonresident alien and have now become a resident alien, read the note at the bottom of the page & attach a statement, if necessary.

Instructions:

1. Complete Part 1 by completing the one row of boxes that corresponds to your tax status.
2. Complete Part 2 if you are exempt from Form 1099 reporting.
3. Complete Part 3 to sign and date the form.
4. Return this completed form to the City of Henderson in the enclosed envelope.

Part 1 – Tax Status: (complete only one row of boxes)

Individuals:

Individual Name: (First name, middle initial, last name) _____	Individual's Social Security Number ____-____-____
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A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.

Sole Proprietor:

Business Owner's Name: (REQUIRED) _____ (First Name) (M.I.) _____ (Last Name)	Business Owner's Social Security Number ____-____-____ or Employer ID Number	Business or Trade Name (Optional) _____ _____
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Partnership (Or an LLC w/multiple owners):

Name of Partnership	Partnerships' Employer Identification Number	Partnership's Name on IRS Records
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Corporation, Exempt charity, or other entity:

Name of Corporation or Entity:	Employer Identification Number:	Incorporated (Circle one) Yes No	D.B.A. or T.A. companies? Attach all business
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Part 2 – Exemption: If exempt from 1099 reporting, check here: ☐ AND circle your qualifying exemption below:

1. **Corporation** except there is no exemption for medical and healthcare payments or payments for legal services.
2. **Tax Exempt Charity** under 501 (a) (includes 501 (c)(3)), or IRA.
3. **The United States** or any of its agencies or instrumentalities.
4. **A state, the District of Columbia**, a possession of the United States, or any of their political subdivisions.
5. **A foreign government or any of its political subdivisions.**

Part 3 – Signature: I am a U.S. person (including a U.S. resident alien)

Person completing this form: _____ Phone: () _____

Title: _____

Signature: _____ Date: _____

Tax correspondence address: _____ City: _____ State: _____ ZIP: _____

Note to U.S. Resident Aliens who formerly were Nonresident Aliens: If there is a tax treaty between the U.S. and your country and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien and you want to claim that exemption, fill out ALL of this form AND attach pages showing: 1. The treaty country 2. The treaty article addressing this income 3. The article number for the "saving clause" and its exceptions 4. The type and amount of income that qualifies for the exemption from tax 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.