



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Each person or organization doing business with the City of Chesapeake, pursuant to Section 6109 of the Internal Revenue Code, must furnish their Taxpayer Identification Number (TIN) to the City of Chesapeake. To insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

Type or print legibly when completing this form.

Legal Name: _____
(Note: This is your name as reported to the IRS. This should match your Social Security card or Federal ID Number.)

Doing Business As: _____
If Applicable (Note: This is the name that appears on your invoices but is not used as your reporting name.)

MAIN Correspondence Address (If Applicable): _____ Remit Address: _____

Sales/PO Fax Number: (_____) _____

Check only one category and complete the reporting number that applies.

	Social Security Number	Employer Identification Number
____ Individual	_____	_____
____ Sole Proprietor	_____	or _____
____ Partnership	_____	_____
____ Corporation	_____	_____
____ Tax Exempt or Non Profit Organization	_____	_____
____ Other	_____	_____

Under penalties of perjury, I declare that the information provided is true, correct, and complete, to the best of my knowledge and belief.

Signature _____ Date: _____

Name and Title (print or type) _____

Telephone (____) _____ Fax (____) _____

For City of Chesapeake Use Only

Vendor Classification: _____Supplier _____HCM/Garn Pay _____Employee
1099 Information Withholding Class:
____ Rent ____Royalties ____Medical & Health Care Payments ____Gross Attorney Proceeds
New Peoplesoft Vendor ID# _____ Date entered/by: _____ Date approved/by: _____