



For Purchasing Dept. Only:
Vendor # _____
Date Entered: _____
Entered by: _____
Approved by: _____

**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.

It is very important that you 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:

UPDATE OR ADD ANOTHER ADDRESS:

PHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

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

	<u>Social Security Number</u>		<u>Employer Identification Number</u>
_____ Individual	_____		_____
_____ Employee	_____		_____
_____ Sole Proprietor	_____	or	_____
_____ Partnership	_____		_____
_____ Corporation	_____		_____
_____ Tax Exempt or Non-Profit Organization	_____		_____
_____ Refund	_____		_____
_____ 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) _____