DO NOT SUBMIT TO THE IRS -SUBMIT FORM TO THE NEW YORK CITY AGENCY 10/14 REVISION

THE CITY OF NEW YORK SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION



TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information			
Legal Business Name: (As it appears on IRS E IRS Letter 147C -or- Social Security Administration Rec		2. If you use DBA, ple	ase list below:
3. Entity Type (Check one only): Church or Church-Controlled Organization Personal Service Corporation			
Non-Profit Corporation/ LLC	Government	City of New York Employee	Individual/ Trust
Joint Venture Partnership/ LLC	Single Member LLC (Individual)	Resident/Non- Resident Alien	Non-United States Business Entity Estate
Part II: Taxpayer Identification Number & Taxpayer Identification Type			
Employer ID Number (EIN) 1. Enter your TIN here: (DO NOT USE DAS 2. Taxpayer Identification Type (check appr Employer ID Number (EIN) Social Sec	opriate box):	vidual Taxpayer ID Number (I	TIN) N/A (Non-United States Business Entity)
Part III: Vendor Addresses			
1. 1099 Address:	Number, Street, and Apartment or Suite Number		City, State,and Nine Digit Zip Code or Country
Number, Street, and Aparts 2. Account Administrator Address:			City, State,and Nine Digit Zip Code or Country
3. Billing, Ordering & Payment Address:	Number, Street, and Apar	Imber, Street, and Apartment or Suite Number City, State, and Nine Digit Zip Code or Country	
Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)			
Exemption Code for Backup Withholding Exemption Code for FATCA Reporting			
Part V: Certification			
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, 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 IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.			
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
Sign Here:			
Signature		Phone Number	Date
Print Preparer's Name		Phone Number	Contact's E-Mail Address:
FOR SUBMITTING AGENCY USE ONLY			
Submitting Agency Code:	Contact Person:		
Contact's E- Mail Address:		Telephone Number:	()
Payee/Vendor Code:			
DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST ATTACH COMPLETED W-9 FORMS TO THEIR FMS DOCUMENTS.			