(Rev. October 2018)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Internal	Revenue Service	► Go to www.irs.gov/FormW9 for ins	structions and the late	est information.				
Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
	2 Business name/disregarded entity name, if different from above							
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Cifollowing seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnet Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sir is disregarded from the owner should check the appropriate box for the tax classification of its owner of the content of the cont			Trust/estate ership) ► wner. Do not check owner of the LLC is gle-member LLC that	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)			
	5 Address (number	r, street, and apt. or suite no.) See instructions.		Requester's name a	and address	(optional)		
See								
0)	6 City, state, and 2	ZIP code						
	7 List account nun	nber(s) here (optional)						
Dor	Towns	voy Identification Number (TIN)						
Par		yer Identification Number (TIN)	ma aiyan an lina 1 ta ay	roid Social sec	curity numbe			
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.								
		n more than one name, see the instructions for line	1 Also see What Name	or Employer	identification	n number		
Note: If the account is in more than one name, see the instructions for line Number To Give the Requester for guidelines on whose number to enter.			1. Miso see virial riame					
					-			
Par	II Certifi	cation						
Under	penalties of perju	ıry, I certify that:						
2. I an Ser	n not subject to ba vice (IRS) that I ar	n this form is my correct taxpayer identification num ackup withholding because: (a) I am exempt from ba n subject to backup withholding as a result of a failu backup withholding; and	ckup withholding, or (b) I have not been n	otified by the	ne Internal F	Revenue ne that I am	
3. I an	n a U.S. citizen or	other U.S. person (defined below); and						
		ntered on this form (if any) indicating that I am exem	•	•				
you ha acquis	ive failed to report ition or abandonm	ns. You must cross out item 2 above if you have been r all interest and dividends on your tax return. For real es ent of secured property, cancellation of debt, contribut ividends, you are not required to sign the certification,	state transactions, item 2 ions to an individual reti	2 does not apply. For rement arrangement	or mortgage t (IRA), and	interest paid generally, pa	d, ayments	
Sign Here	Signature of U.S. person	•		Date ►				
General Instructions			Form 1099-DIV (dividends, including those from stocks or mutual funds)					
Section references are to the Internal Revenue Code unless otherwise noted.			Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)					
		For the latest information about developments d its instructions, such as legislation enacted	Form 1099-B (stock or mutual fund sales and certain other transportions by brokers)					

after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

GEORGIA E-Verify and Public Contracts: The Georgia E-Verify law requires contractors and all sub-contractors on Georgia public contract (contracts with a government agency) for the physical performance of services over \$2,499 in value to enroll in E-Verify, regardless of the number of employees.

Contractor Name:			
Solicitation/Bid number or Project Description:			
affirmatively that the individual, entity or corbehalf of the City of Tucker, Georgia has re	poration which is eng- gistered with, is authors sequent replacement	its compliance with O.C.G.A. § 13-10-91, stating gaged in the physical performance of services under orized to use and uses the federal work authorization program, in accordance with the applicable proving the services of the program of the program of the proving the pr	a contract on ion program
period as required by O.C.G.A. § 13-10-91(b) services in satisfaction of such contract only	o) and the undersigned with subcontractors when	ederal work authorization program throughout the condition of contractor will contract for the physical performance the physical performance of the physical performance o	ce of formation
Federal Work Authorization User Identificati (EEV/E-Verify Company Identification Num		Date of Authorization	
Name of Contractor I hereby declare under penalty of perjury t foregoing is true and correct	hat the		
Printed Name (of Authorized Officer or Ager	nt of Contractor)	Title (of Authorized Officer or Agent of Co	ntractor)
Signature (of Authorized Officer or Agent)		Date Signed	
SUBSCRIBED AND SWORN BEFORE ME	ON THIS THE		
DAY OF	20		
Notary Public		[NOTARY SEAL]	
My Commission Expires:			

Contact Information Form

Please fill out this form with the appropriate contact information for your company.

Full Legal Name of Company:						
Date:						
Contractor Information:						
Primary Contact Person:						
Title:	_Telephone Number:					
E-mail Address:						
Secondary Contact Person:						
Title:	_Telephone Number:					
E-mail Address:						
Preferred Contact for Administration: (i.e. Document Processing) (Choose one)						
□ Primary Contact	□ Secondary Contact					
Address:						
City / State / Zip:						
Mailing Address (If different than above):						
City / State / Zip:						
Federal Employee ID Number (FFIN):						