

City Of Cornelia 181 LARKIN STREET/ PO BOX 785 CORNELIA, GA 30531 PHONE: 706-778-8585

Vendor Information Request Form

Please remit completed form, along with a copy of current **Form W-9**, and **Contractor Affidavit**, if applicable, to asosebee@corneliageorgia.org.

Vendors: please note that invoices will not be paid without an approved purchase order number.

**Company Name:	
**Mailing Address:	
Contact Name:	
Phone Number:	Email Address:
Taxpayer Id:	E-Verify Number:
**If check is to be made payable to a co please provide:	mpany name and/or address other than above,
Company Name:	
Mailing Address:	
Contact Name:	Phone Number:



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above		
			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC		Exempt payee code (if any)
ty b	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners		
Print or type.	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)	
cifi	Other (see instructions)		(Applies to accounts maintained outside the U.S.)
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address (optional)
See			
0)	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
			urity number
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>		
TIN, la	ater.	or	
Treter in the deceant le in more than one hame, eee the metradient for the 1.7 leee eee 77/100 and			identification number
Numb	per To Give the Requester for guidelines on whose number to enter.	-	-
Par	t II Certification		
Unde	r penalties of perjury, I certify that:		
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o longer subject to backup withholding; and	I have not been no	otified by the Internal Revenue
3. I ar	m a U.S. citizen or other U.S. person (defined below); and		
4 The	PATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	n is correct	

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tay return. For real estate transactions, item 2 does not apply. For mortgage interest paid

other than	interest and dividends, you are not required to sig	on of debt, contributions to an individual retirement arrangement (IRA), and generally, payments on the certification, but you must provide your correct TIN. See the instructions for Part II, later.
Sign	Signature of	
Here	U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted 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)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other 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.

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of The City of Cornelia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization Identification Number (6-8 digit Company Everify #)
Date of Authorization
Name of Contractor
Name of Project
City of Cornelia Name of Public Employer
I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on,, 20 in(city),(state).
Signature of Authorized Officer or Agent
Printed Name and Title of Authorized Officer or Agent
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF,20
NOTARY PUBLIC
My Commission Expires: