

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 finance@cornelia.city.

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 con please provide:	npany 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.																
	2 Business name/disregarded entity name, if different from above																	
page 3.									Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):									
e. ns on		Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	☐ Tru	ıst/es	tate	Exe	empt p	ayee c	ode (if any)								
ty High		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ▶_															
Print or type. Specific Instructions on page		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 single is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of t gle-memb	the LI	_C is	200	emptio de (if a		FAT	CA rep	orting	g 						
či	Г	Other (see instructions)				(Ap)	olies to ac	counts n	aintaii	ned outsi	de the U	I.S.)						
Spe	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name						addres	s (optio	onal)									
See																		
0)	6	City, state, and ZIP code																
	7	List account number(s) here (optional)																
Pai	t I	Taxpayer Identification Number (TIN)																
		Ir TIN in the appropriate box. The TIN provided must match the name given on line 1 to av		Soc	ial s	ecurit	y num	ber										
reside	nt	vithholding. For individuals, this is generally your social security number (SSN). However, talien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other					-		-									
entitie		t is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>							L									
,				or Fm	nlove	r ide	ntificat	ion ni	mhe	r		1						
		he account is in more than one name, see the instructions for line 1. Also see What Name To Give the Requester for quidelines on whose number to enter.	ariu		pioye	- Idei	I		T	<u>'</u>	1	1						
						-												
Par	t II	Certification																
Unde	, be	nalties of perjury, I certify that:																
2. I ar Se	n n	mber shown on this form is my correct taxpayer identification number (or I am waiting for ot subject to backup withholding because: (a) I am exempt from backup withholding, or (be (IRS) that I am subject to backup withholding as a result of a failure to report all interest ger subject to backup withholding; and) I have r	not b	een	notifi	ed by	the Ir	terr									
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and																

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

Sign Here U.S. person ► Date ►	Sign o	
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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,

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: