



**City of Denton Purchasing**

901-B Texas St. Denton, TX 76209

Phone: (940) 349-7100

[www.dentonpurchasing.com](http://www.dentonpurchasing.com)

**Substitute W-9 Form**

The IRS requires all vendors to complete a W-9 Form. The information on this form must be filled out, signed and submitted by a vendor representative. All information must be completed before a purchase order or payment will be issued.

Name as shown on your income tax return: \_\_\_\_\_

Tax ID/Social Security #: \_\_\_\_\_

Under penalties of perjury, I certify that: **1.** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 Internal Revenue Service (IRS) that I am subject to backup withholding as a result of 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 U.S. person-for federal tax purposes as defined at the bottom of this page\*. **4. I understand that I must disclose any conflict of interest in accordance with Section 176.006 (a-1) of the Local Government Code.**

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Mailing Address:**

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Fax Number: \_\_\_\_\_

\_\_\_\_\_

**Check appropriate box for federal tax classification (required):**

<input type="checkbox"/> Individual/ Sole Proprietor	<input type="checkbox"/> Corporation  Must designate C or S	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other Please specify: _____
<input type="checkbox"/> Exempt Payee	<input type="checkbox"/> C			
	<input type="checkbox"/> S			

Business Type :	<input type="checkbox"/> Real Estate Rental/Lease (A1)	<input type="checkbox"/> Equipment Rental/Lease (A-9)	<input type="checkbox"/> Royalties (A-2)	<input type="checkbox"/> Medical/Health Care (A-6)
	<input type="checkbox"/> Services Only (A-7)	<input type="checkbox"/> Merchandise- Goods Only (A-7)	<input type="checkbox"/> Merchandise & Services (A-7)	<input type="checkbox"/> Legal Firm/Attorney (A-C)
	<input type="checkbox"/> Consultant/Prof Fees (A-7)	<input type="checkbox"/> Proceeds from Real Estate Purchases (S)		

Type of Organization:	<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Female Owned	<input type="checkbox"/> Non Profit	<input type="checkbox"/> Historically Underutilized Business
-----------------------	--	---------------------------------------	-------------------------------------	---

\*Definition of a U.S. Person-For Federal Tax purposes, you are considered a U.S. person if you are: (a) an individual who is a U.S. citizen or U.S. resident (b) a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States (c) an estate (other than a foreign estate), or (d) a domestic trust (as defined in Regulations Section 301.7701-7).

Vendor Information Not Required for W-9 Form

**Remit Address (if different from above)**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**ACH Information-Voluntary**

ABA Routing#: \_\_\_\_\_  
Contact Name : \_\_\_\_\_  
Bank Account# \_\_\_\_\_  
Bank Name : \_\_\_\_\_  
ACH Email : \_\_\_\_\_  
ACH Email : \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

I (we) authorize the City of Denton to deposit payments into the checking account listed. The authority remains in effect until the City of Denton has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until the City of Denton has sent me written notice of termination of the agreement.

Vendor Signature \_\_\_\_\_

Print Name/Title \_\_\_\_\_

Date \_\_\_\_\_

**List Products and/or Services Interested in Bidding:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Internal Use Only**

- New Vendor
- Vendor Change
- Refund

Vendor Number

Requesting Department: \_\_\_\_\_

Date: \_\_\_\_\_

Department Representative (**Printed Name**) \_\_\_\_\_

Purchasing Signature: \_\_\_\_\_

Date: \_\_\_\_\_