



# COUNTY OF GREENVILLE SUBSTITUTE FORM W-9

(IRS Form W-9 will not be accepted in lieu of this form)

Revised October 2022

**Legal Name** (as shown on tax return)

**DBA/Trade Name**

**Taxpayer Identification Type**

**TIN** (Must match legal name)

\_\_ SSN \_\_ EIN/FIN

The U.S. Taxpayer Identification Number is being requested per U.S. tax law. Failure to provide in a timely manner could prevent or delay payment.

**Legal Address** (number, street & apt. or suite no.)

**City, State & Zip code**

**Entity Tax Classification** (Choose only one)

**Service Provided** (Must select a type)

\_\_ Individual/Sole Proprietorship or Single-member LLC

\_\_ Medical or Veterinarian service

\_\_ Partnership

\_\_ LLC-Partnership

\_\_ Legal /Attorney Service

\_\_ C Corporation

\_\_ LLC - C- Corp

\_\_ Rental of Real Property

\_\_ S Corporation

\_\_ LLC- S - Corp

\_\_ Products / Services type \_\_\_\_\_

\_\_ Other

\_\_ Trust /Estate

\_\_ Other (Specify) \_\_\_\_\_

## Payment Remittance Information

**Address** (number, street & apt. or suite no.)

**City, State & Zip code**

**Contact Name**

**Telephone #**

**Fax #**

**E-mail**

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 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 U.S. citizen or other U.S. person.

**Sign Here**

**Date**