



Finance Department

David P. Schmiedicke, Finance Director

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www.cityofmadison.com/finance/purchasing

Purchasing Services

FAX No.: (608) 266-5948

City of Madison Vendor:

The City of Madison is setting your business up as a new vendor or updating your vendor information in our vendor database. We require that you fill out the accompanying W-9 form. We also are now making payments to vendors via Electronic Funds Transfer (EFT). This method of payment is more efficient and may allow quicker access to your funds and eliminate lost or delayed paper checks due to mail service. If you choose to have payments made by direct deposit, please fill out the accompanying Direct Deposit Authorization Agreement in its entirety. Otherwise, you are required to fill out the following information below if you chose not to be on Direct Deposit.

Payee Name: _____
Address for Payment: _____
Phone Number: _____
Fax: _____
E-mail: _____
Contact Person: _____

No payment can be issued until the required Form W-9 (first page) and the Direct Deposit Authorization Agreement or the Vendor Information (see above) have been returned to the City Finance Department. **Please fax the completed forms to Purchasing at (608) 266-5948, or email to purchasing@cityofmadison.com, or mail the forms to:**

CITY OF MADISON FINANCE DEPT
ATTN PURCHASING
210 MLK JR BLVD RM 406
MADISON WI 53703-3345

Thank you for providing the required information.

David P. Schmiedicke
Finance Director

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do NOT
send to the IRS.

Please print or type

Name (If a joint account or you changed your name, see **Specific Instructions** on page 2.)

Business name, if different from above. (See **Specific Instructions** on page 2.)

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, if you are a resident alien OR a sole proprietor, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number								

OR

Employer identification number								

List account number(s) here (optional)

Part II For Payees Exempt From Backup Withholding (See the instructions on page 2.)

Part III Certification

Under penalties of perjury, I certify that:

- 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
- 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.

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 tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here

Signature ▶

Date ▶

Purpose of form. A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9, if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are an exempt payee.

If you are a foreign person, IRS prefers you use a Form W-8 (certificate of foreign status). After December 31, 2000, foreign persons must use an appropriate Form W-8.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



Direct Deposit Authorization Agreement

(PLEASE PRINT OR TYPE)

VENDOR INFO

VENDOR/INDIVIDUAL NAME _____

VENDOR # (for City Ofc use only) _____

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

E-MAIL ADDRESS _____

VENDOR TYPE

INDIVIDUAL

PARTNERSHIP

CORPORATION

TAX ID / SOC. SEC. # _____

PHONE # _____

NEW ACCOUNT:

I hereby authorize the City of Madison and the Financial Institution named below to deposit money due me by electronic transfer to my account. If amounts to which I am not entitled are deposited into my account, I authorize the City of Madison to direct my Financial Institution to return them, upon proper notice to me. In the event my designated account is closed or contains an insufficient balance to allow a deduction for amounts deposited in error, I agree that the City of Madison may withhold any amounts owing to me until such amount is repaid.

ACCOUNT TYPE

Name of Financial _____

Transit/Routing # _____

Account # _____

CHECKING

SAVINGS

If this is changing banking information, please provide the previous account information.

PREVIOUS ACCOUNT:

ACCOUNT TYPE

Name of Financial _____

Transit/Routing # _____

Account # _____

CHECKING

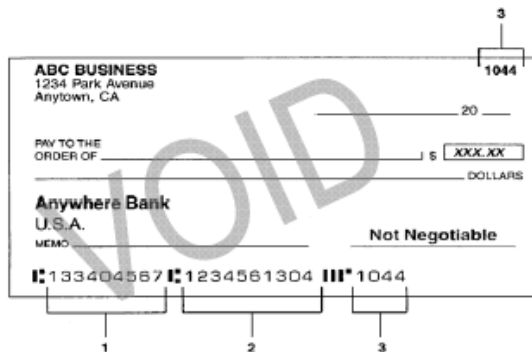
SAVINGS

This authority is to remain in full force and effect until the City of Madison has received written notification from me on its termination in such time and in such manner as to afford the City of Madison a reasonable time to act. This authorization may be revoked at any time by the City of Madison. I understand that, due to circumstances that are beyond the City's control, there may be instances that may delay this deposit.

Authorized Signature _____

Date _____

Printed Name of Signer _____



- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

Note: Attach a voided blank check or account deposit slip for your bank account to validate account information provided.



City of Madison

Photograph and Publicity Release Form

I, _____,
give the City of Madison permission to use my name, likeness, image, voice, and/or appearance as may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made at City of Madison activities or events. I agree that the City of Madison has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the City of Madison's mission. These uses include, but are not limited to, illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, brochures, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release the City of Madison and its agents, employees and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to the City of Madison to use my name and likeness to promote the City of Madison, and/or their activities and events.

SIGNATURE

DATE

PARENT / LEGAL GUARDIAN (IF AGE 17)

DATE