



Vendor Number \_\_\_\_\_

(For Auditor Use Only)

**Madison County, Ohio**  
**Substitute Form W9/Ohio Reporting Form**  
**Request for Taxpayer Identification Number & Certification**

**Part I Business Ownership and Address Information**

Name (as shown on your income tax return) **DO NOT LEAVE BLANK** (If you are an individual or file under your name, put name here.)

Doing Business As/Disregarded Entity Name, if different than above.

Check appropriate box for federal tax classification (Check only 1 box)

Individual/Sole Proprietor/Single Member LLC     
  C Corporation     
  S Corporation     
  Partnership  
 Limited Liability Corporation (select one of the following classifications) C- C Corp, S- S Corp, P- Partnership \_\_\_\_\_  
 Government Entity/Non Profit     
  Other \_\_\_\_\_

Primary Address Line 1	Remittance Address Line 1 (if different from Primary)
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Primary Address Line 2	Remittance Address Line 2 (if different from Primary)
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City, State, Zip Code	City, State, Zip Code
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**Part II Taxpayer Identification Number (TIN) & Social Security Number (SSN)**

Taxpayer Identification Number (TIN): \_\_\_\_\_ Social Security Number (SSN): \_\_\_\_\_

**Part III Additional Information Required by the State of Ohio for Independent Contractors & Public Employees**

Will you receive payments from Madison Co. as either an individual, sole owner of a business or a single member LLC? Fill out below if "Yes" is checked. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently receiving a pension benefit from an Ohio retirement system? (If "Yes," please submit OPERS Form SR-6) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Printed first name, middle initial, and last name	Date of Birth (MM/DD/YYYY)
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Nature of transaction(s) with Madison County (rent, legal services, financial assistance, refund, etc.)

**Part IV Additional Information**

Contact Name (for requested changes or questions on application)	Contact Email
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Contact Title	Phone Number
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**Part V Certification**

Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number. 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 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. 3. I am a US person

**The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature of \_\_\_\_\_ Date \_\_\_\_\_

U.S. Person \_\_\_\_\_