

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

In accordance with the Internal Revenue Service regulations, Collier County is required to collect the following information for tax reporting purposes from individuals and companies who do business with the County (including social security numbers if used by the individual or company for tax reporting purposes). Florida Statute 119.071(5) requires that the county notify you in writing of the reason for collecting this information, which will be used for no other purpose than herein stated. Please complete all information that applies to your business and return via email to the address below. Prompt return of information will facilitate timely payment for goods and services provided to the County.

O 1 1 - C	_ New Vendor _ Change Existing			Vendor SAP Vendor Number:	
General Information					
Taxpayer Name					
(as shown on income tax return) Business Name					
(if different from taxpayer name)					
Address		City			
State		Zip			
Telephone	FAX	Er	nail		
Order Information: Same as above, or		Remit / Payment Information: Same as above, or			
Address		Address			
City State	Zip			Zip	
FAX					
Email					
Company Status (check only of Individual / Sole Proprietor	Corporat	ion	Partnersh	nip	
•	tax-exempt entity	Limited Liabil	ity Company		
Tax Exempt (Federal income under Internal Revenue Serv		Limited Liabil	ity Company		
Tax Exempt (Federal income		Ente	er the tax classific		
Tax Exempt (Federal income under Internal Revenue Serv		Ente	er the tax classific		
Tax Exempt (Federal income under Internal Revenue Serv 501 (c) 3)	rice guidelines IRC	Ento (D = Disregar	er the tax classific		
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Tax Exempt (Federal income under Internal Revenue Serv 501 (c) 3) Faxpayer Identification Numb Social Security Number (SSN)	oer (for tax reporting	(D = Disregar g purposes only)	er the tax classific ded Entity, C = Co	rporation, P = Partners	
Tax Exempt (Federal income under Internal Revenue Serv 501 (c) 3) Taxpayer Identification Numb Social Security Number (SSN) Sign and Date Form	oer (for tax reporting	Ento (D = Disregar g purposes only) OR Federal Ta	er the tax classific ded Entity, C = Co	umber (TIN)	
Tax Exempt (Federal income under Internal Revenue Serv 501 (c) 3) Taxpayer Identification Numb Social Security Number (SSN) Sign and Date Form	oer (for tax reporting	Ento (D = Disregar g purposes only) OR Federal Ta	er the tax classific ded Entity, C = Co	umber (TIN)	
Tax Exempt (Federal income under Internal Revenue Serv 501 (c) 3) Taxpayer Identification Numb	per (for tax reporting	Enter (D = Disregar g purposes only) OR Federal Take the information shown	er the tax classificated Entity, C = Co	umber (TIN)	