

**Request for Taxpayer Identification Number  
Substitute for Form W-9**

Pursuant to Internal Revenue Service Regulations, you must furnish your Taxpayer Identification Number (TIN) to the City of Clemson. If this number is not provided, you may be subject to a 31% withholding on each payment. To avoid this 31% withholding and to insure that accurate tax information is reported to the Internal Revenue Service, please use this form to provide the requested information.

**PLEASE TYPE OR PRINT CLEARLY**

Owner's Name (if Sole Proprietor) \_\_\_\_\_

Legal Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Payment Remit to Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact \_\_\_\_\_ E-Mail \_\_\_\_\_

9 Digit Taxpayer Identification Number \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Employer Identification Number \_\_\_\_ - \_\_\_\_\_

**Business Designation**

Individual                       Sole Proprietorship                       Corporation  
 Partnership                       Other

Are you exempt from federal income tax?  Yes  No

Are you a Minority Business?  Yes  No                      DBE Number \_\_\_\_\_

Principal Business Activity (list type of service or product provided) \_\_\_\_\_

Under penalties of perjury, I declare that the information provided is true, correct, and complete, to the best of my knowledge and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Return completed form to:    The City of Clemson  
   Office of Finance  
   1250 Tiger Blvd Suite 2  
   Clemson, SC 29631-2661

Or Fax to: 864 653-2087  
                 Attn: Finance Assistant