



Dear Supplier,

Attached is a vendor information form and W-9 Form. Both forms must be completed, signed and returned to the City of Billings, Accounts Payable, before the City can issue a payable check. Once we receive these forms, you will be added to our vendor database in our financial system.

The W-9 (Request for Taxpayer Identification Number(s) and Certification) is required in accordance with the Internal Revenue Service.

**Please fax forms to:**

**Attention: City of Billings, Accounts Payable**

**FAX: 406-247-8608**

Sincerely,

**Joanne Walls**  
**Business License/Vendor Clerk**  
406-657-8364  
wallsj@ci.billings.mt.us



## SECTION I: GENERAL INFORMATION

**Supplier Name:**

**Purchase Order Address:**

**Remit to Address:**

Address:

Address:

City:

State:

Zip Code:

City:

State:

Zip Code:

Phone #:

-

-

Fax #:

-

-

**Company Ownership:**

Individual ☐ Partnership ☐ Corporation ☐ Non-profit ☐

Affiliate ☐ Government Agency ☐

**Type of business** - Check all that apply:

Material & Services ☐ Services ☐ Rent ☐ Legal Services ☐

Merchandise (Products) ☐ Medical/Healthcare ☐

Tax-Exempt Hospital ☐ Sale of Real Estate ☐

## SECTION II: Business Tax License Information

Please provide your Business License Number\*:

\*Not Applicable to: DOCTORS, LAWYERS, VETERINARIANS, CHIROPRACTORS, LAND SURVEYORS, SPEECH PATHOLOGISTS, DENTISTS, INSURANCE, BARBERS, ENGINEERS, REALTORS, AUDIOLOGISTS

## DECLARATION

The undersigned declares the foregoing statements are true and include all information necessary to identify and explain the operations and ownership of the company. The undersigned also agrees to inform the City Of Billings immediately of any changes to the above information, particularly in ownership, controlling interest or operation.

**AUTHORIZED SIGNATURE**

**PHONE**

**DATE**

**TITLE**

Thank you for your immediate intention to this matter. If you have any questions, please call 406-657-8208.

Please complete all three parts below

**Part 1 – Tax Identification:** (Please Print Legibly All Information)Business/Corporation  
Name: \_\_\_\_\_If you are a  
SOLE PROPRIETOR or  
SINGLE-OWNER LLC

Required: Personal name of owner of the business \_\_\_\_\_

Optional: Business name if different from above: \_\_\_\_\_

Enter your Tax Identification Number (TIN) in the appropriate box.

For individuals this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

**Social Security Number****OR****Employer Identification Number**

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

**Part 2- Exemption: If exempt from 1099 reporting, check your qualifying exemption reason below:**
☐ Corporation    ☐ Tax Exempt Entity    ☐ The United States    ☐ A State    ☐ A Foreign Government

1. Corporation, except there is no exemption for medical and healthcare payments or payments for legal services.
2. Tax Exempt Charity under 501(a), or IRA
3. The United States or any of its agencies or instrumentalities
4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
5. A foreign government or any of its political subdivisions

**Part 3 Certification: 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** I am a U.S. person (including a U.S. resident alien).

**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.

Person completing this form: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Full Address Required: Which will reflect your 1099 Mailing at the end of the year.**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**U.S. Person.** Use this form only if you are a U.S. person (including U.S. resident alien). If you are a foreign person, use the appropriate Form W-8.

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

We are required by law to obtain this information from you when mailing a reportable payment to you. If you do not provide us with this information, your payments may be subject to a 28% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.