

**THIS FORM MUST BE COMPLETED TO RECEIVE PAYMENT
FROM THE CITY OF WINTER HAVEN**

SUBSTITUTE FORM W-9 YEAR _____

From: Finance Department
City of Winter Haven
P.O. Box 2277
Winter Haven, FL 33883-2277

**TO: ALL PERSONS, BUSINESSES, OR ORGANIZATIONS RECEIVING PAYMENTS
FROM CITY OF WINTER HAVEN**

Federal law requires that the recipients of payments must provide on an IRS 1099 Form their Taxpayer Identification Number (TIN) to the Payor. For individuals, this is your social security number. For businesses and organizations, this is your Federal Employer Identification number.

To assist the City in complying with IRS reporting requirements, please complete the information below and return this form in the enclosed envelope. Be sure to enter the name in item #1 below. Thank You.

PAYMENT WILL NOT BE RELEASED UNTIL WE HAVE RECEIVED THIS SIGNED FORM.

1. Name of individual, Business or Organization (Please Print)

2. Taxpayer Identification Number (**COMPLETE ONLY ONE NUMBER**)

Social Security Number _____ -- _____ -- _____ OR

Federal Employer Number _____ -- _____

3. Is the recipient in Item #1 above subject to backup withholding?

YES [] NO []

4. For Businesses and organizations only: is this business organization a Corporation, i.e. Incorporated ?

YES [] NO []

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Print Signature _____ Date _____

Address _____

Job Title _____ Telephone _____

**This information can be sent back via FAX to
(863) 297-3027. Please put attention to Kim L.**