

**MONTGOMERY COUNTY**  
**Request for Taxpayer Identification and Certification**

Company Name \_\_\_\_\_ Owner's Name (If Sole Proprietor) \_\_\_\_\_

PO Mailing Address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Remittance Address (If different) \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Veteran Services Client Name:** (Must be completed for any approved payment to be processed)

**Federal ID (FEIN) #:(for vendor, not client)** \_\_\_\_\_ **Social Security (SSN) #:(for vendor, not client)** \_\_\_\_\_

**For taxation purposes, are you treated as:**

- Tax Exempt Organization \_\_\_\_\_ (Specify IRS Code section or type of organization)
- Corporation
- Partnership
- Proprietorship/Individual

**What type of payments/services do/will you receive/provide from/to Montgomery County (select all that apply)**

- Daycare (DC)  Reimbursement Only (ZZ)
- Extradition reimbursement (EX)  Rent services (RT)
- Goods (GD)  Respite Care family reimbursement (RF)
- Goods & Svc (GS)  Respite Care provider (RP)
- Grand Juror (GJ)  Visiting Judge (VJ)
- Legal Services (LS)  Volunteer (VO)
- Medical & health care services or billing and collecting for such services (MS)
- Services Other (SO) Describe: \_\_\_\_\_

Contact Name (Print) \_\_\_\_\_ Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

**CERTIFICATION - UNDER THE 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and** (3) 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

SIGN HERE \_\_\_\_\_  
Signature of U.S. Person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**RETURN TO OR CONTACT FOR QUESTIONS:**  
**MONTGOMERY COUNTY VETERANS SERVICE CENTER**  
**ELIZABETH PLACE EAST MEDICAL PLAZA 4TH FLOOR**  
**627 EDWIN C MOSES BLVD., DAYTON, OH 45408**  
**(937) 225-4801 (PH)**